



Wyoming Department of Health
2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002



Interim Draft

COVID-19 Vaccination Plan

On October 16, 2020, the Wyoming Department of Health submitted the Interim Draft COVID-19 Vaccination Plan to the Centers for Disease Control and Prevention (CDC) to meet the COVID-19 funding requirement. An update to the plan (Draft 2) was completed on November 25, 2020. This plan will continue to be modified and updated as needed.

DRAFT

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RECORD OF CHANGES

Date of original version: October 16, 2020

Date Reviewed	Change Number	Date of Change	Description of Change	Name of Author
11-16-20	Interim Draft 2	11-25-20	Updates to align with additional federal guidance and recommended changes. Added an Executive Summary	WDH COVID-19 Vaccination Planning Team

Executive Summary

The Wyoming Department of Health (WDH) Interim Draft COVID-19 Vaccination Plan will be used to implement a statewide vaccination campaign for the COVID-19 pandemic. An internal COVID-19 Vaccination Planning Team has been established to draft the WDH COVID-19 Vaccination Plan. Multiple workgroups within the Team worked to complete sections of the plan, and external stakeholders have been included as appropriate.

Phased Approach to COVID-19 Vaccination Response: The Wyoming COVID-19 Vaccination Campaign will be rolled out in a phased approach. Final priority group and subgroup allocations will be made once guidance from CDC and the Advisory Committee on Immunization Practices (ACIP) becomes available along with recommendations from the WDH Medical Ethics Committee.

Healthcare personnel likely to be exposed to or treat people with COVID-19 may be included as a Phase 1a priority group. Vaccinations of healthcare provider populations will be completed by hospitals, Public Health Nursing Offices (PHNOs), and County Health Departments (CHDs). PHNOs and CHDs will be enrolled as COVID-19 vaccination providers first to ensure appropriate planning to immunize healthcare providers in their county. Hospitals will be enrolled to immunize their workforce as well as other healthcare providers in their community. Planning will be necessary between the hospital and PHNO or CHD to ensure vaccination for all healthcare provider groups. If necessary, additional vaccine providers will be enrolled for Phase 1 to ensure the vaccination of healthcare providers.

Phase 1b critical populations may include people at increased risk for severe illness from COVID-19, including people with underlying medical conditions, people 65 years of age and older, and essential workers. PHNOs, CHDs, and hospitals will be enrolled as early vaccine providers to ensure appropriate planning to vaccinate Phase 1b critical populations in their county. PHNOs and CHDs will encourage large essential worksites that have medical personnel and the capability of being a vaccination provider to enroll as a COVID-19 Vaccine Provider to vaccinate their employees within Phase 1b. Additionally, PHNOs and CHDs will work closely with local partners to plan for vaccination of people with underlying medical conditions and those 65 years of age or older. In some counties, there may be additional vaccine providers in the county that would be essential for providing vaccinations to critical populations. PHNOs and CHDs will coordinate with the WDH to ensure these partners are enrolled as Phase 1b vaccination providers.

Phase 2 critical populations may include additional critical workers, people with underlying conditions, those in congregate settings, and people with limited access to vaccination services. As more vaccine doses are available later in Phase 2, the vaccine will be administered to all people that are recommended to receive the vaccine. The WDH will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, and other stakeholder groups to communicate the process for providers to enroll in the COVID-19 Vaccine Program. As vaccine supply continues to increase in Phase 2, the WDH will approve other providers to begin ordering COVID-19 vaccine and vaccinating additional critical populations as well as the general public.

During Phase 3, vaccines will be available to all people who are recommended to be vaccinated. Vaccine will be available to all enrolled COVID-19 vaccination providers and ordering will be based on provider capacity and need.

Critical Populations: The WDH identified COVID-19 vaccine critical population groups and is estimating numbers of vaccine recipients in collaboration with various internal and external stakeholders. The WDH Medical Ethics Committee compiled recommendations for prioritization of subgroups within each critical population. The Committee will provide prioritization recommendations based on a number of factors, including the need to maintain those elements of community infrastructure that are essential to carrying out the pandemic response; limiting mortality among high-risk groups and reduction of morbidity in the community; and minimizing social disruption and economic losses.

COVID-19 Vaccination Provider Outreach and Training: The WDH will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, and other partners to

communicate the process for enrolling providers. Enrollment information will be analyzed and where gaps are identified in coverage, the WDH will work closely with PHNOs or CHDs to identify and enroll additional vaccination providers.

During the provider enrollment process, the WDH will assess and verify storage capacity and equipment for each location. Provider offices will need to meet the storage requirements for storing the COVID-19 vaccine prior to being authorized to order and administer vaccines in order to minimize vaccine loss and limit the risk of administering compromised vaccine. Training will be provided to ensure appropriate storage and handling of the vaccine by providers.

Wyoming providers are required to report all vaccinations to the Wyoming Immunization Registry (WyIR). The WyIR has a Reminder Recall module, which can compile patient lists for the purposes of reminding of a dose due (reminder) or recalling those who need a dose (recall). Training will be in place for providers to ensure reminders are provided to people needing a second dose of vaccine.

When providers sign the CDC COVID-19 Vaccination Program Provider Agreement they are made aware of the need to report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS). Enrolled providers will receive training including what the VAERS is, how to report, and requirements for reporting.

COVID-19 Vaccination Campaign Communication: The WDH recognizes the need for extensive and ongoing communication activities related to implementing the COVID-19 vaccination campaign. Anticipated key communication messages throughout the campaign period will include, but are not limited to, vaccine development status, vaccine availability in Wyoming, need for prioritization of limited doses, information about priority groups, vaccine safety reassurance, information on where to get vaccinated, importance of administering and receiving two doses, relationship to flu vaccine, and effectiveness of the vaccine. The WDH Public Information Officer and personnel within the WDH COVID-19 Vaccination Planning Team will coordinate and deliver public health information using the department's routine channels, applying crisis and risk communication principles as needed. Information will be provided to the public through public releases. Provider and public information will also be available on the WDH Immunization Unit website: <https://health.wyo.gov/publichealth/immunization/>.

COVID-19 Vaccination Campaign Monitoring: The WDH will employ multiple levels of program monitoring. Provider enrollment will be monitored and tracked and data provided to the CDC twice weekly. The WyIR will be used to monitor, track, and allocate all vaccine doses; monitor one and two-dose coverage rates; and report data to CDC as required.

SECTION 1: COVID-19 VACCINATION PREPAREDNESS PLANNING

The Wyoming Department of Health (WDH) COVID-19 Vaccination Plan will be used to implement a statewide vaccination campaign for the COVID-19 pandemic. This plan will be updated as additional information is known related to COVID-19 vaccines. The WDH, based on the local epidemiology of the outbreak and national guidance, may alter or override anticipated strategies and plans.

The State of Wyoming is responsible for the coordination of the COVID-19 response within and between its jurisdictions. Specific areas of responsibility include the following:

- COVID-19 surveillance
- Epidemiologic investigations
- Implementing control measures
- Testing at the Wyoming Public Health Laboratory (WPHL) and through contracted labs
- Vaccine and antiviral distribution
- Medical and public health communications
- Identification of public and private sector partners for effective planning and response
- Development of key components of COVID-19 vaccination plan following guidance provided by the Department of Health and Human Services (HHS) in the national COVID-19 Vaccination Program Interim Playbook for Jurisdictional Operations
- Integration of COVID-19 vaccine planning with other planning activities conducted under Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement and Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program Cooperative Agreement
- Coordination with local jurisdictions
- Development of data management systems needed to implement components of the plan
- Assistance to local jurisdictions in exercising plans
- Coordination with adjoining jurisdictions
- Procurement of Personal Protective Equipment (PPE)
- Rapidly distribute and dispense medications, PPE, and supplies to healthcare and public health responders
- Distribute testing supplies statewide
- Coordinate with and distribute situational awareness information to county and tribal public health and emergency management partners
- Maintain response-ready Unified Command Incident Management Team with expertise in leading or supporting Emergency Support Function (ESF) #8 during the response
- Provide Crisis Response funding to local jurisdictions
- Identify and procure additional resources necessary for the response effort

H1N1 VACCINE CAMPAIGN LESSONS LEARNED

2009 H1N1 influenza mass vaccination campaign was administered at public health-organized clinics and point-of-dispensing (POD) sites organized on behalf of public health agencies.

Strengths

- Vaccine was distributed to over 100 sites to include National Parks, Indian Health Services, prisons, and F.E. Warren Air Force Base.

- Eastern Shoshone and Northern Arapaho Tribal Health programs, Fremont County Public Health, Indian Health Service, and Wind River Health Systems created a vaccine allocation plan which provided the vaccine for tribal members.
- Public health agencies began distribution with targeted groups and expanded as increased vaccine doses became available.
- PHNOs/County Health Departments provided vaccinations by appointment and during other public health services.
- PHNOs developed protocols to match vaccine availability with patient appointments.
- PHNOs gathered input from stakeholders for vaccination of high risk populations.

Recommendations

- Review “Direct Ship To Site” policies and provide annual training to partners.
- Develop plan for offline data collection and upload to the Immunization Registry.
- Provide cold chain management education.

Areas for Improvement

- The Immunization Section was unclear on the rules for being a “Direct Ship To Site”, and the rules kept changing, without prior notification. Local public health and partners received conflicting information of whether or not the providers could cancel future vaccine shipments once they had received an adequate amount.
- Some providers were failing to get their paperwork returned in a timely manner and were providing vaccines to patients without regard to target groups.
- Liability issues continue to be an area of concern when it comes to volunteers.
- More guidance is needed regarding vaccination of people over 65 who have underlying medical conditions.
- Local public health reported multiple issues with the Immunization Registry throughout the vaccination campaign.
- A 24/7 contact number for Immunization Registry personnel should be provided to all vaccination providers.
- Retail pharmacies received their own shipments of the vaccine which made tracking difficult.
- CDC had significant reporting requirements and timelines that did not coincide with state and local operations and reporting.
- Local partners ended up with a surplus of the vaccine because many people had received vaccines elsewhere. A plan for the collection and disposal of the surplus of the vaccine should be developed.
- Providers and the public were not well informed or educated about the vaccines.

Impact to current COVID-19 planning

The planning efforts incorporate areas for improvement and recommendations to ensure continuous quality improvement.

- Increased shipment efficiency and efficacy.
- After hours assistance through staff or the registry vendor.
- Use of situational awareness tools to track vaccine shipment to pharmacies and other entities in the state.
- Training for provider storage and handling. CDC will provide storage and handling resources that the Immunization Unit will use and distribute to enrolled providers. The CDC Provider Enrollment Agreement also clearly states what is required of enrolled vaccine providers.

- Share guidance for collection, disposal and destruction of surplus vaccines.

Seasonal Influenza Campaigns and Exercises

In preparation for COVID-19 vaccine delivery, Tribal Health Departments, CHDs, and PHNOs are conducting seasonal flu clinic activities. Many counties and tribes have conducted seasonal flu clinics to exercise their vaccine plans. Counties and tribes are encouraged to develop Improvement Plans to apply during COVID-19 vaccination clinics. This will allow the validation of vaccination plans during a pandemic response.

The WDH, in close partnership with statewide preparedness partners have developed a coordinated preparedness strategy that combines ongoing planning, innovative training, and realistic exercises to strengthen preparedness and response capabilities among state, local, and tribal public health and healthcare partners.

This training and exercise program uses a progressive approach and is intended to assist public health and healthcare system preparedness partners in building capabilities and meeting their training and exercise objectives. PHPR and HPP conduct an annual Training and Exercise Planning Workshop (TEPW) that allows partners to work together and coordinate activities across the state. Representatives from public health, healthcare, emergency management, and statewide preparedness partners routinely participate in this workshop. Jurisdictions are encouraged to exercise their pandemic preparedness plans in preparation for the COVID-19 vaccine. Most counties and tribes had predetermined exercises already scheduled prior to the pandemic, but may not occur before the COVID-19 vaccine is implemented. Each is encouraged to develop Improvement Plans for continuous quality improvement. Lessons learned are then shared with other jurisdictions during various partner calls.

To prepare for Ultra-Low Temp (ULT) vaccine introduction and address potential gaps, local healthcare organizations are encouraged to meet with partners in their jurisdictions and discuss each step of vaccine introduction, using state provided flowsheets as a framework. WDH will provide a template scenario and process that counties can use for these exercises. WDH will conduct tabletops to test and walk through the state-level plan.

SECTION 2: COVID-19 ORGANIZATIONAL STRUCTURE AND PARTNER INVOLVEMENT

The WDH has four operating divisions: Aging, Behavioral Health, Health Care Financing, and Public Health. The Public Health Division (PHD) has primary responsibility for coordinating development of the Wyoming COVID-19 Vaccination Plan. Organizational charts are included in Appendix A.

The Immunization Unit (Unit), located within the PHD, is responsible for routine distribution of all publicly-purchased vaccines in Wyoming to providers enrolled in the Public Vaccine Programs. Publicly-purchased vaccines are available to children from birth through 18 years of age who are eligible for the federal Vaccines For Children (VFC) Program. The Unit also operates other state and federal vaccine programs. Most vaccine ordering, distribution, data collection, and other processes described in this plan are utilized by the Unit and public vaccine providers on a daily basis.

An internal COVID-19 Vaccination Team has been assembled to develop the WDH COVID-19 Vaccination Plan with the following members:

Public Health Division members:

- Public Health Division Senior Administrator
- Wyoming State Health Officer and State Epidemiologist
- Health Readiness and Response Section Chief
- Community Health Section Chief- Vaccine Allocation Workgroup and Communication Workgroup Lead
- Immunization Unit Manager - Critical Populations Workgroup Lead
- Public Vaccine Program Coordinator
- Client Support Specialist
- Provider Support Specialist
- Clinical Consultant and Quality Improvement Specialist
- Immunization Access Manager- Provider Outreach and Enrollment Workgroup Lead
- Immunization Information System (IIS) Data Quality Analysis (DQA) Specialist- IIS Requirements and Capacity Assessment Workgroup Lead
- Interoperability Support Specialist
- State Public Health Nursing (PHN) Director- Early COVID-19 Vaccination Workgroup Lead
- PHN Regional Supervisor, Immunization Liaison
- Vaccine Preventable Disease Epidemiologist
- Risk Mitigation Coordinator- Identify Gaps in Preparedness Workgroup Lead
- Public Health Preparedness and Response Unit Manager
- Preparedness and Response Outreach Specialist
- CDC Career Epidemiology Field Officer, assigned to WDH
- Hospital Preparedness Program Manager
- Office of Emergency Medical Services Manager

Additional members:

- WDH Public Information Officer
- Wyoming Office of Homeland Security (WOHS) Critical Infrastructure Protection Program Manager

Early planning workgroups included: Identify Gaps in Preparedness, Early COVID-19 Vaccination, IIS Requirements and Capacity Assessment, Communications, Provider Outreach and Enrollment, Critical Populations, and Vaccine Allocation. Subsequent workgroups following drafting of initial interim draft plan include: Ultra Low Temperature (ULT) Vaccine and Scenario, Communication, Provider Outreach and Enrollment, and Vaccine Allocation. Workgroups will include additional stakeholders as appropriate:

- Wyoming Hospital Association
- Wyoming Primary Care Association
- Wyoming Board of Pharmacy
- Wyoming Pharmacy Association
- Eastern Shoshone Tribal Health
- Northern Arapaho Tribal Health
- Indian Health Services
- Department of Corrections
- Aging Division
- Behavioral Health Division
- Department of Family Services
- Department of Education

- Wyoming Board of Medicine
- Wyoming Medical Society
- Wyoming Board of Nursing
- Wyoming Department of Health Medical Ethics Committee

The workgroups will include state and local stakeholders as necessary to plan for vaccination of critical populations. Coordination of critical population vaccinations will be planned and conducted at the local level through the PHNOs and CHDs. The WDH Public Health Nursing (PHN) Unit supervises state County Nurse Managers in 19 counties within Wyoming where county and state PHNs administer and deliver a number of public health programs. These are referred to as PHNOs in this plan. There are four independent CHDs that operate under the direction of boards of health (Natrona County, Laramie County, Campbell County and Sweetwater County). The WDH collaborates very closely with each CHD. All PHNOs and CHDs are enrolled in public vaccine provider programs and are ESF #8 leads at the county level.

Eastern Shoshone and Northern Arapaho Tribes

Each tribe in Wyoming has the sovereign authority to provide for the welfare of its people and, therefore, has the authority to:

- Choose among the jurisdiction or Indian Health Service (IHS) options for accessing vaccine.
- Determine the population(s) it chooses to serve.
- Choose how vaccines are distributed to its community.
- Establish priority groups when there is a limited supply of COVID-19 vaccine or other accompanying resources.

For the COVID-19 Vaccination Program, tribal nations have two options for receiving vaccine:

1. Through the jurisdiction's allocation and distribution mechanism: The Eastern Shoshone Tribal Health Department is working to enroll through the WDH COVID-19 Vaccine Program. Eastern Shoshone Tribal Health Department will need to adhere to vaccine storage, handling, distribution, and reporting requirements outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Through the IHS allocation and distribution mechanism: The Northern Arapaho Tribal Health Department will coordinate with IHS for vaccine allocations.

The WDH Immunization Unit works closely with the Northern Arapaho Tribal Health, and Indian Health Service (IHS) as current public vaccine program (PVP) providers in Wyoming and for reporting to the Wyoming Immunization Registry. This coordination will continue with COVID-19 vaccine. The Immunization Unit attends weekly COVID-19 response meetings with Tribal partners and the CDC assigned MCH Senior Epidemiology Advisor.

Multi-jurisdictional Emergency Response Coordination

The public health and healthcare workforce in Wyoming consists of public-sector employees working in local, county, state, tribal, and federal agencies. In addition, private-sector health professionals and others in hospitals, community-based agencies and healthcare providers, and other health-related organizations are important contributors to our public health system. Such individuals are critical to a timely and appropriate response to real or perceived emergencies that threaten the public's health. In

response to the need for incident management and response coordination for COVID-19 vaccination, WDH has a response ready Incident Management Team (IMT) and assigns an ESF #8 Public Health and Medical liaison to the Wyoming Office of Homeland Security (WOHS) State Operations Center (SOC). Unified Command (WOHS and WDH) was activated during the COVID-19 response. If the WDH IMT or Unified Command are activated, vaccination efforts will report information to this structure.

Public Health Response Coordinators (PHRC), County Nurse Managers, Health Department Directors, and County Health Officers provide tribal and county ESF #8 coordination and leadership. This response is coordinated with tribal and county emergency management and involves local IMT and Emergency Operations Center (EOC) activation as needed.

This plan was developed in collaboration with the WDH, WOHS, local public health, tribal public health, Healthcare Coalitions, and local emergency managers and incorporates recommendations from the Centers for Disease Control and Prevention. Planning for At-Risk and Access and Function Needs populations will be considered for each section of this plan.

Wyoming Department of Health Planning Roles

- Development of COVID-19 Vaccination Plan
- Coordination of state-wide pandemic surveillance
- Vaccine and antiviral medication procurement and distribution plan development
- Development of data management systems to implement components of the plan
- Identification of critical populations as first phase vaccine recipients
- Development of statewide media messages
- Provide guidance to tribal and county jurisdictions to ensure development and exercise of plans
- Coordination with other state agencies
- Coordination with adjoining jurisdictions

Local Level Planning Roles

- Surveillance assistance as requested
- Antiviral medication storage, distribution, and dispensing plans
- Vaccine administration planning
- Local emergency response
- Ensure continuity of operations

Partner Engagement

The WDH will work with the following organizations to address vaccination of critical populations:

Table 1. Planned Engagement with Key Partners of Critical Populations

Critical Populations	Key Partners	Planned Engagement
Healthcare providers	-Public Health Nursing Offices -County Health Departments -Hospitals -Tribal Health Departments -Indian Health Services	-Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for

	<ul style="list-style-type: none"> -Wyoming Hospital Association -Wyoming Primary Care Association -Wyoming Pharmacy Association -Board of Pharmacy -Board of Nursing -Board of Medicine -Department of Corrections -Department of Education -Other WDH Divisions/Facilities 	<ul style="list-style-type: none"> vaccination of healthcare provider critical populations -Coordinate with state agencies and organizations to communicate with members and providers
Essential workers	<ul style="list-style-type: none"> -Public Health Nursing Offices -County Health Departments -Tribal Health Departments -Indian Health Services -Department of Corrections -Department of Family Services -Department of Education -Associations that represent essential workers 	<ul style="list-style-type: none"> -Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations -Coordinate with state agencies and organizations to communicate with members and providers
People with underlying medical conditions and people 65 years of age or older	<ul style="list-style-type: none"> -Public Health Nursing Offices -County Health Departments -Tribal Health Departments -Indian Health Services -Hospitals -Wyoming Hospital Association -Wyoming Primary Care Association -Other WDH Divisions -Senior Centers -Federally contracted pharmacies identified to vaccinate residents of long term care facilities and assisted living facilities (CVS and Walgreens) 	<ul style="list-style-type: none"> -Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations - Inclusion of pharmacies at the local level for this critical population will be important -Coordinate with state agencies and organizations to communicate with members and providers
People at increased risk of acquiring or transmitting COVID-19	<ul style="list-style-type: none"> -Public Health Nursing Offices -County Health Departments -Tribal Health Departments -Indian Health Services -Department of Corrections -Department of Family Services -University of Wyoming -Community Colleges 	<ul style="list-style-type: none"> -Provide guidance and planning discussions through conference calls -County and tribal planning will further detail local level plans for vaccination of critical populations
People with limited access to routine vaccination services	<ul style="list-style-type: none"> -Public Health Nursing Offices -County Health Departments -Tribal Health Departments -Indian Health Services 	<ul style="list-style-type: none"> -Provide guidance and planning discussions through conference calls

	<ul style="list-style-type: none"> -Other WDH Divisions -Wyoming Primary Care Association -Wyoming Department of Family Services -Wyoming Homeless Collaborative 	-County and tribal planning will further detail local level plans for vaccination of critical populations
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SECTION 3: PHASED APPROACH TO COVID-19 VACCINATION

The COVID-19 Vaccination Campaign will be rolled out in a phased approach. The phases are outlined below. Groups mentioned in each phase may change as a result of federal guidance and specific vaccine details. During H1N1, vaccine priorities differed from those that were laid out in worst case scenarios through pandemic planning. This adversely impacted a number of relationships, particularly at the local level. The WDH is remaining as flexible as possible to ensure we are most appropriately able to meet the priority recommendations as more information is known about the vaccines. Final priority group and subgroup allocations will be made once guidance from CDC and the Advisory Committee on Immunization Practices (ACIP) becomes available in consultation with the Wyoming Medical Ethics Committee. Preliminary prioritization of the critical populations by the Wyoming Medical Ethics Committee is noted below (Table 2). If there are changes made to the federal critical populations guidance when vaccines have completed clinical trials and have gone through the federal approval processes, the Medical Ethics Committee will consider those changes and recommendations and apply modifications to Wyoming priority groups if necessary.

Phase 1a (limited supply of COVID-19 vaccine doses):

Healthcare personnel (paid and unpaid persons serving in healthcare settings) who have the potential for direct or indirect exposure to COVID-19 patients or infectious materials are included in this group. Vaccinations of healthcare provider populations will be completed by hospitals, PHNOs and CHDs. PHNOs, CHDs, and hospitals will be enrolled as vaccine providers first to ensure appropriate planning to immunize healthcare providers in their county. Planning is occurring at the local level between the hospital and PHNO or CHD to ensure vaccination for all healthcare providers groups as noted in Section 4, Table 2. If necessary additional early vaccine providers will be enrolled to ensure vaccination of healthcare providers.

The WDH will coordinate with the Eastern Shoshone Tribal Health Department to enroll as a COVID-19 vaccine provider and provide vaccine for tribal members once enrolled. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

Minimum vaccine orders will be 100 doses of all but the ULT vaccine which the minimum order will be 975 doses. Early doses available to Wyoming may not allow for vaccine to be distributed to all counties and tribes. Specifics of the ULT vaccine are covered in Appendix C.

Phase 1b (limited supply of COVID-19 vaccine doses):

Phase 1b critical populations may include people at increased risk for severe illness from COVID-19, including people with underlying medical conditions who possess risk factors for severe COVID-19 illness, people 65 years of age and older (including those living in long-term care facilities (LTCFs)),

people 65 years of age and older, people at increased risk of acquiring or transmitting COVID-19, or people with limited access to routine vaccination services, and non-healthcare essential workers.

PHNOs and CHDs will be enrolled as early vaccine providers to ensure appropriate planning to immunize Phase 1b critical populations in their county. Hospitals will be enrolled as vaccine providers to assist with immunizing Phase 1b critical populations in their community. Planning will be necessary between the hospital and PHNO or CHD to ensure vaccination for all Phase 1b critical populations within the county. PHNOs and CHDs who identify a need for additional providers to assist with Phase 1b vaccinations will coordinate with the WDH to enroll additional providers as vaccine doses increase for Phase 1 vaccinations.

PHNOs and CHDs are ESF #8 leads at the county level. Through planning for disasters and emergencies, PHNOs and CHDs have knowledge of the essential service entities in their county and will work with them to plan for vaccination of essential workers. PHNOs and CHDs will encourage large essential work sites that have medical personnel and the capability of being a vaccination provider to enroll as vaccine providers to vaccinate employees within Phase 1b. WDH has estimated numbers of population groups within potential priority populations and will provide estimates to counties for their use.

Additionally, PHNOs and CHDs work closely with partners and plan for vaccination of people with underlying medical conditions and people 65 years of age. There are a number of options available to vaccinate residents of LTCFs and assisted living facilities. The CDC is contracting with at least two national pharmacy chains (CVS and Walgreens) to provide vaccinations to residents of LTCFs and assisted living facilities within a 75 mile radius of the pharmacy, this is known as the Pharmacy Partners for Long-term Care Program. WDH is currently receiving information on LTCFs and assisted living facilities that have enrolled with the federal program. Facilities that chose not to enroll in the federal Pharmacy Partners for Long-term Care Program can also choose to work with PHNOs and CHDs to vaccinate residents as part of the county planning or the facilities may choose to use their own staff to provide the vaccinations in which case the facility would be enrolled as a vaccine provider. In some counties there may be additional vaccine providers in the county that will be essential for assisting in providing vaccinations to critical populations. WDH or PHNOs and CHDs will communicate with LTCFs and assisted living facilities not enrolled in the federal program to determine best options for vaccination of their residents. PHNOs and CHDs will coordinate with the WDH to ensure these partners are enrolled as Phase 1b vaccination providers.

WDH plans to participate in the pharmacy partnership for Long-term Care Program coordinated by CDC. Additional information regarding this program includes:

- Through Walgreens and CVS pharmacies in Wyoming this program provides end-to-end management of the COVID-19 vaccination process, including close coordination with jurisdictions, cold chain management, on-site vaccinations, and fulfillment of reporting requirements. The program will facilitate safe and effective vaccination of this prioritized patient population, while reducing burden on facilities and jurisdictional health departments.
- This program is free of charge to facilities. The pharmacy will:
 - Schedule and coordinate on-site clinic date(s) directly with each facility. Three visits over approximately two months are likely to be needed to administer both doses of vaccine and vaccinate any new residents and staff.
 - Order vaccines and associated supplies (e.g., syringes, needles, personal protective equipment).

- Ensure cold chain management for vaccine.
- Provide on-site administration of vaccine.
- Report required vaccination data (approximately 20 data fields) to the state and federal jurisdictions within 24 hours of administering each dose.
- Adhere to all applicable CMS requirements for COVID-19 testing for LTCF staff.
- LTCFs and assisted living facilities indicate which pharmacy partner (one of two large retail pharmacies or existing LTC pharmacy) their facility prefers to have on-site (or opt out of the services).
- CDC will communicate preferences to the pharmacy partners and will attempt to honor facility preferences but may reassign facilities depending on vaccine availability and distribution considerations, and to minimize vaccine wastage.
- CDC expects the Pharmacy Partnership for Long-term Care Program services to continue on-site at participating facilities for approximately two months.
- After the initial phase of vaccinations, the facility can choose to continue working with the pharmacy that provided its initial on-site clinics or can choose to work with a pharmacy provider of its choice.

Pharmacies will be important partners in this phase and often have the ability to communicate with their patients who may fit into Phase 1b critical populations. Pharmacies and other providers can enroll as a COVID-19 Vaccine Providers.-19 Vaccine Provider by completing the agreement at: <https://health.wyo.gov/publichealth/immunization/wyoming-covid-19-vaccine-information/covidvaccineproviders/>

The WDH is coordinating with the Eastern Shoshone Tribal Health Department to enroll as a COVID-19 vaccine provider and provide vaccine for tribal critical populations. The Northern Arapaho Tribal Health Department and the IHS Fort Washakie Health Center will receive the vaccine directly through IHS and will continue to be included in planning efforts where appropriate.

WDH facilities and other state facilities that have healthcare provider staff may be enrolled as early vaccine providers and vaccinate their residents if included in critical populations.

Phase 2 (greater supply of vaccine doses):

Phase 2 critical populations may include additional critical workers, people with underlying conditions, those in congregate settings, and people with limited access to vaccination services. As more vaccine doses are available later in Phase 2, the vaccine will be provided to all people that are recommended to receive the vaccine.

The WDH will use a PDF form version of the provider enrollment agreement for Phase 2 provider enrollment in the COVID-19 Vaccination Program. The WDH will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, etc. to communicate the process for enrolling providers. This will begin as soon as Phase 1 providers have been enrolled. As vaccine supply increases in Phase 2, the WDH will coordinate with PHNOs and CHDs to approve other providers in the county to begin ordering vaccine and vaccinating additional critical populations and the general public. Information is available at the following website for providers interested in enrolling as a COVID-19 Vaccine Provider: <https://health.wyo.gov/publichealth/immunization/wyoming-covid-19-vaccine-information/covidvaccineproviders/>

Wyoming plans to participate in the federal direct allocation to pharmacy partner strategy coordinated by CDC. Vaccine will be allocated and distributed directly to select pharmacy partners from the federal government in Phase 2.

- Direct allocation opportunities will be provided to retail chain pharmacies and networks of independent and community pharmacies. All partners must sign a pharmacy provider agreement with the federal government.
- WDH will have visibility on the number of doses distributed to and administered by each partner location.
- As of 10-26-20 participating chain pharmacies include:
 - Walgreens
 - CVS Health Corporation
 - Walmart Stores, Inc (including Sam's)
 - Rite Aid Corp
 - The Kroger Co (i.e., Kroger, Harris Teeter, Fred Meyer, Frys, Ralphs, King Soopers, Smiths, City Market, Dillons, Marianos, Pick-n-Save, Copps, Metro Market)
 - Publix
 - Costco
 - Albertsons Companies (i.e., Osco, Jewel-Osco, Albertsons, Albertsons Market, Safeway, Tom Thumb, Star Market, Shaws, Haggen, Acme, Randalls, Carrs, Market Street, United, Vons, Pavilions, Amigos, Lucky's, Pak n Save, Sav-On)
 - Hy-Vee
 - Meijer
 - H-E-B
 - Retail Business Services (i.e., Food Lion, Giant Food, The Giant Company, Hannaford Bros Co, Stop & Shop)

Phase 3 (Likely sufficient supply, slowing demand)

During Phase 3 vaccines will be available to all people who are recommended to be vaccinated. Vaccine will be available to all enrolled COVID-19 vaccination providers and ordering will be based on provider capacity and need.

SECTION 4: CRITICAL POPULATIONS

Critical Population Groups

The WDH identified COVID-19 vaccine critical population groups and estimated numbers of vaccine recipients in collaboration with various internal and external stakeholders. The WDH has collected this information at the county and state-level by creating a tracker and contacting stakeholders who have shared numbers for these critical populations. The WDH will continue mapping efforts of available COVID-19 enrolled providers in Tiberius as COVID-19 enrolled providers are added to the system. The Wyoming Medical Ethics Committee compiled recommendations for prioritization of subgroups within each critical population (Table 2). The Committee provided prioritization recommendations based on a number of factors including the need to maintain those elements of community infrastructure that are essential to carrying out the pandemic response; limiting mortality among high-risk groups and reduction of morbidity in the community; and minimizing social disruption and economic losses.

Table 2. Draft Prioritized List of Critical Population Groups for COVID-19 Vaccination In Phase 1a (early limited doses of vaccine available)

Description	Population Groups
Likely Phase 1a: Persons who have regular potential for exposure to patients, people who are potentially positive for COVID-19, or infectious materials.	Hospital Staff- direct patient care staff
	EMS Personnel/EMS Fire Personnel
	Tribal PH and providers
	PHN and Healthcare Providers that conduct COVID sample collection regularly
	Long-term care facilities (providers and workers)
	In patient/residential Behavioral health facilities
	Urgent cares and clinics
	Law enforcement- patrol officers (city, county, state and federal)
	Licensed/credentialed medical (ambulatory) direct care staff (MD,NP,PA, nursing staff) Primary care offices (DDS staff)
	Home health healthcare providers
	PHN Offices and Local Health Departments - Nurses and Staff
	School nurses
	Public Health Laboratory and other laboratories -staff conducting COVID-19 testing not already included in above groups
	Pharmacy staff

The critical population groups are based on a model accounting for two phases of vaccine introduction when doses are limited. Decisions at the state, tribal, local and provider level may adapt these designations to local realities, if needed. Despite best efforts to avoid duplication of people within groups and phases, deduplication is not possible. When a person is included in more than one population group, they will be vaccinated during the earliest phase in which they are included. Final priorities are subject to change depending on the availability of vaccine, vaccine type, as well as CDC and ACIP recommendations. In the event of low vaccine supply, additional subsets may be defined in collaboration with internal and external stakeholders and utilizing recommendations provided by the Medical Ethics Committee.

The WDH is working with WOHS to utilize mapping tools to map vaccination services for critical populations and aid in targeting provider recruitment.

Critical Infrastructure Workforce

In Wyoming, workforce numbers are available through an organization or association that serves a specific subset of the workforce. If an association or department is not available, the WDH telephoned or emailed the organization to collect information about their workforce. Additional data was obtained from collaborating with other state and non-government entities such as the Department of Corrections and the Wyoming Association of Sheriffs and Chiefs of Police. Statewide estimates are provided in Table 2. County level estimates are being provided to PHNOs and CHDs for use in local planning.

Points of Contact for Critical Population Groups

Points of contact (POCs) and communication methods for organizations, agencies, and communities within the critical population groups will be established as noted in Section 2. Determination of specific points of contact and planning will occur at the PHNO and CHD level.

SECTION 5: COVID-19 PROVIDER RECRUITMENT AND ENROLLMENT

The WDH will use the CDC provided fillable PDF form for provider enrollment in the COVID-19 Vaccination Program. Data will be extracted from the submitted forms and analyzed as needed to meet CDC requirements for reporting and tracking. The WDH will reach out to organizations through collaboration with PHNOs, CHDs, professional associations, licensing boards, etc. to communicate the process for enrolling providers. Enrollment information will be analyzed and where gaps are identified in coverage, the WDH will work closely with PHNOs or CHDs to identify and enroll additional vaccination providers. The form will need to be completed by the Organization contact for each individual facility that will administer the COVID-19 vaccine. Agency approved processes for obtaining electronic signatures will be used. Data from enrollments will be uploaded to the CDC IZ Data Lake two times per week.

Wyoming will first enroll PHNOs/CHDs, and Hospitals to receive and administer early limited doses of vaccine. These providers are already familiar with and set up to store and manage publicly-supplied vaccines. Additional providers will be enrolled as necessary to vaccinate remaining critical populations. Wyoming Department of Corrections facilities are also currently set up to receive, store, and manage publicly-supplied vaccine and will be able to vaccinate people who are incarcerated. Note: The following federal agencies will receive vaccine through federal allocations rather than the state: DOD-FE Warren Air Force Base (active duty and dependents), Veterans Affairs facilities (staff and veterans receiving regular care from VA), and IHS.

Most pharmacies associated or connected to national chains will receive COVID-19 vaccine allocations directly from CDC when vaccine doses increase (Phase 2). CVS and Walgreens have also been contracted through the CDC to provide vaccinations to residents of LTCF and assisted living facilities (Pharmacy Partners for Long-term Care Program). WDH has received information for LTCFs and assisted living facilities that enrolled in the federal program. This information will be shared with PHNOs and CHDs. WDH or PHNOs and CHDs will reach out to those facilities that did not enroll in the federal program to identify means for vaccination of residents in those facilities. Chain pharmacies and independent pharmacies could also be identified as early vaccine providers by PHNOs and CHDs. Pharmacies will be valuable partners in reaching critical populations as pharmacies can often target communication to patients with specific conditions that may be associated with critical populations groups.

The Wyoming Immunization Information System (IIS) commonly called the Wyoming Immunization Registry (WyIR) will be installing a system enhancement that will allow for multiple provider type listings within the WyIR including COVID-19 provider type. The CDC Vaccine Tracking System (VTrckS) has been updated to allow for the designation as a COVID-19 Provider.

In order to address gaps in access to the COVID-19 vaccine, smaller vaccination providers, such as those located in remote or rural areas, will be enrolled with restricted ordering permissions. These providers will receive vaccine from a primary ship-to-location provider by submitting a request for vaccine through WDH's WyIR transfer process that is currently in place in lieu of following a redistribution process. All requests for vaccine repositioning will be reviewed and approved by WDH prior to the physical transportation of the vaccine to ensure equitable access of the vaccine within the region and to mitigate waste. Providers will be required to follow current vaccine transportation guidelines and procedures. Vaccine coverage and wastage rates will be closely monitored as described in Section 15.

The WDH will enroll providers into the COVID-19 Vaccination Program throughout the State with the objectives of 1) achieving high COVID-19 vaccination coverage for all critical populations and 2) meeting demand as the supply increases and we move to different phases. Program staff will work closely with phase planners and local personnel to identify vaccine needs and will review all order requests submitted in the WyIR by providers to determine if orders should be filled completely, partially or not at all based on the current allocations and needs.

The WDH will work with PHNOs and CHDs to identify independent pharmacies that are not part of the national chain pharmacy distribution plan through CDC and encourage them to enroll as COVID-19 vaccine providers. WDH will also distribute provider enrollment information to pharmacies through collaboration with the Wyoming Board of Pharmacy and the Wyoming Pharmacy Association. Additionally, pharmacies have been required to report all immunization encounter information to the WyIR since 2013; notices and communication can also be sent out to pharmacies that are registered within the WyIR.

In order to receive COVID-19 vaccine, each facility must submit a list of healthcare providers who have prescribing authority. This information is obtained upon enrollment per Section B., CDC COVID-19 Vaccination Program Provider Profile Information. Upon receipt of the Provider Profile, current license status and expiration date will be verified on the Wyoming Board of Medicine website, the Wyoming State Board of Nursing website or the Wyoming State Board of Pharmacy website, depending on the title indicated on the form (i.e., MD, DO, NP, PA, RPh).

Training COVID-19 vaccination providers is vital to ensure the successful implementation of the COVID-19 Vaccination Program. Each provider office will identify two COVID-19 Vaccine Coordinators as referenced on page 5 of Section B., CDC COVID-19 Vaccination Program Provider Profile Information. Training modules developed across all key areas of vaccine management, storage and handling, and WyIR instruction will be assigned to the designated Vaccine Coordinators for completion and tracked through the WDH online training system called TRAIN Wyoming. The CMO, CFO, and Vaccine Coordinators listed in Section A. and B. of the Provider Enrollment Agreement will be encouraged to mandate training for all staff, including volunteer vaccinators; however, due to limited resources within the Immunization Unit and as per current VFC Program requirements, only the two Vaccine Coordinators will be responsible for completing all training modules prior to being authorized to order and receive vaccine. By signing the Provider Enrollment Agreement, the CMO and CFO acknowledge responsibility for all of the required elements of the COVID-19 Vaccination Program and therefore will be motivated to require training for all staff involved in the storage, handling, and administration of the COVID-19 vaccine.

Provider Training

Web-based training modules will be created using TRAIN Wyoming to develop knowledge on WyIR, storage and handling, as well as vaccine administration and Vaccine Adverse Events Reporting System (VAERS) reporting. TRAIN Wyoming is a Learning Management System (LMS) that provides the ability to assign training plans, track training completion, and require a learning assessment prior to marking the training as “complete”. The WDH will track completion of training for all Vaccine Coordinators and will issue a Certificate of Completion upon successful completion of all training modules. Provider offices wishing to mandate training for all or some staff can work with the WDH to track completion of these individuals as well. Specific training areas are described below.

WyIR Training

Enrolled providers will be granted access to the WyIR to add immunization encounter information, manage inventory, and place orders for the COVID-19 vaccine. The WDH will utilize existing materials and incorporate any new updates as needed. Training modules are intended to demonstrate how to use the WyIR and Quick Reference Guides will be provided for future reference.

WyIR training will cover how to order vaccines, document vaccine administration, report data in a timely manner, manage and reconcile vaccine inventory, document and report vaccine waste, and track doses available and administered. Users will also be trained on how to manage “Physicians and Vaccinators” in the WyIR in order to have proper documentation of who administered the vaccine to the patient. The WyIR has a variety of user permissions that can be customized based on the need of the individual user and facility.

The WyIR has a Mass Immunization Module attached to it that allows vaccinators and staff to quickly enter vaccine information to be reported to the WyIR in real time. Training modules will be available for facilities that choose to use the Mass Immunizations Module but will not be required as the use of the module is not mandatory.

Storage and Handling Training

Providers must understand COVID-19 vaccine storage and handling requirements, including transportation requirements and how to manage temperature excursions. A training module will be created once COVID-19 vaccine specific storage and handling information, including temperature excursion guidance, is provided.

Vaccine Administration and VAERS Reporting Training

Training will be created to ensure providers understand ACIP COVID-19 vaccine recommendations and how to administer the vaccine properly including vaccine preparation (including dilution if needed), appropriate needle size and length, intramuscular injection and proper anatomic site selection, and expected side effects after vaccination when this information has been provided for each vaccine. Procedures for reporting moderate and severe adverse events as well as vaccine administration errors to VAERS will be included using the WDH’s existing resources along with instructions on when to provide the Emergency Use Authorization (EUA) fact sheets or Vaccine Information Statements (VISs) and how to submit facility information for COVID-19 vaccination clinics to CDC’s VaccineFinder, if necessary.

Additional Training Areas to be Provided

Through the use of either in house developed modules or through the use of CDC-provided materials, facility staff will be trained on the following as per recommended by the CDC:

- How to order and receive COVID-19 vaccine
- COVID-19 vaccine storage and handling (including transport requirements)
- How to document and report vaccine administration via the jurisdiction’s IIS or other external system
- How to manage vaccine inventory, including accessing and managing product expiration dates (see Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management)
- How to report vaccine inventory
- How to manage temperature excursions
- How to document and report vaccine wastage/spoilage

- How to submit facility information and daily vaccine inventory reports for COVID-19 vaccination clinics to CDC's VaccineFinder, if necessary (particularly for pharmacies or other high-volume vaccination providers/settings)

SECTION 6: COVID-19 VACCINE ADMINISTRATION CAPACITY

Vaccine administration capacity considers the number of enrolled providers throughout the State, their storage capacity and their weekly administration rate. Information received through the Provider Enrollment Agreement, including the number of individuals vaccinated during peak flu season during the 2019-20 season are being used to determine a baseline for provider capacity and throughput estimates. Providers at the local level, especially PHNOs and CHDs, have means to bring in other vaccinators to assist with mass immunization efforts. Determining a provider's throughput and capacity will depend upon how much vaccine is allocated to various locations. Additional information in regards to specific planning efforts is outlined below. Wyoming is a Mandatory Reporting state and therefore the Immunization Unit as well as providers enrolled in the WyIR can pull reports to determine how many individuals have been vaccinated at any given time by entering a date range and any other necessary elements. Provider enrollment efforts have been developed based on Phase planning criteria, estimated sizes of populations and each county or local area's ability to serve the population. The number of providers in a given area will vary based on the population and the providers' capacity to serve the population taking storage capacity and rate of administration into account.

Enrollment and recruitment of providers will remain flexible so additional providers can be added as necessary to account for clinic closures due to staffing issues, environmental factors, or other reasons.

WDH will explore the use of Tiberius for use in determining further plan details for the below referenced scenarios.

Phase 1 of provider recruitment will include Eastern Shoshone Tribal Health, all PHNOs and CHDs, and all hospitals in Wyoming. WDH will work with these entities to complete agreements as soon as possible.

- Scenario 1 in the COVID-19 Vaccination Interim Playbook (Playbook) would result in a minimum quantities of 975 doses being shipped and needing to be stored at -60 to -90 C. WDH is working with multiple facilities (St. John's Medical Center, Cody Regional Hospital, Sheridan County Memorial Hospital, Campbell County Health Department, Natrona County Health Department, Laramie County Health Department, and Sweetwater County Health Department) to plan for initial receipt of these larger shipments (additional information detailed in Appendices B and C). There is a potential of repositioning quantities out to other enrolled providers following the Immunization Unit's direction and approval.
- Scenario 2 in the Playbook assumes minimum order quantities of 100 doses, depending on initial doses available each county could potentially receive orders shipped directly to them. In this scenario coordination may need to occur between smaller county PHNOs, hospitals, and larger counties if the allocated vaccine isn't enough to distribute to each county.
- Scenario 3 in the Playbook assumes both vaccine types are available, the ULT vaccine in the larger quantities would be shipped to counties identified in Scenario 1 due to the high population and other counties would receive allocations of the other vaccine.

SECTION 7: COVID-19 VACCINE ALLOCATION, ORDERING, DISTRIBUTION, AND INVENTORY MANAGEMENT

The WDH will utilize a variety of tools to determine allocation amounts and locations in early and limited supply scenarios. Tools will include the use of Tiberius and data collected through the Provider Profiles for enrolled providers. Allocations will first be prioritized for hospitals, PHNOs, and CHDs to ensure access for critical populations, including healthcare workers and others identified by CDC, ACIP and in consideration of recommendations from the Wyoming Medical Ethics Committee (Draft priorities included in Table 2).

The WDH will utilize VTrckS reports to determine allocations and presentations of vaccine doses. Because of the small population in Wyoming, we will need to utilize centralized providers if allocations are low and minimum order quantities are high in order to meet the needs of the entire critical population throughout the state.

Tiberius will be vital to determining areas where allocations have been made to providers enrolled through CDC directly (i.e. chain pharmacies and IHS). This will allow WDH to see which communities have access to the COVID-19 vaccine through allocations and state allocations can be used to supply communities where doses are not otherwise available.

The WDH will review the Provider Profile for each enrolling provider to assess provider cold chain capabilities. Immunization Unit staff will then work with providers to verify cold storage equipment (-70 C, -20 C, and 2-8 C) and stability through the submission of temperature data from data logger thermometers as well as through pictures of the designated storage units. The WDH plans to utilize current protocols for approving vaccine storage units for use with some necessary changes to allow for a streamlined process. This will include requiring no less than 72 hours of temperature data for storage units prior to orders being approved for the location. Providers that are already enrolled in one of Wyoming's Public Vaccine Programs will not be required to do any additional verification as the units within those facilities have already been approved for storage of publicly-supplied vaccines.

The WyIR will be used for all provider ordering and transfers of the vaccine from large providers to small providers depending on minimum order quantities available. The WyIR has an EXiS interface established with VTrckS that allows provider data, inventory, and order information to be exported from the WyIR and uploaded into VTrckS for processing. The WDH will use VTrckS to determine allocation amounts and then will adjust provider orders as needed prior to being uploaded to VTrckS.

Providers not already established in VTrckS will be added upon enrollment to ensure order uploads will be successful through the EXiS interface.

Transfers of COVID-19 vaccine will be processed through the WyIR. This is a practice utilized frequently in Wyoming due to small provider population sizes and to prevent waste of publicly-purchased vaccines. The WyIR allows for a provider to initiate a vaccine transfer with any other provider in the WyIR also authorized to complete vaccine transfers. The WDH then reviews and approves all transfer requests prior to the transfer taking place. Once it is approved, the inventory decrements from the initiating provider and is added to the receiving provider inventory in the WyIR.

The WDH has strict guidelines for vaccine transfers as outlined in the [Vaccine Management Plan](#) and [Emergency and Relocation Plan templates](#). Providers are required to have a calibrated data logger with the vaccine at all times throughout the transfer process. Providers currently enrolled in a Public Vaccine

Program in Wyoming are very familiar with these guidelines and new providers will be properly trained.

The WyIR has inventory and waste reports that can easily show when vaccine doses are dropped/spilled broken, lost and unaccounted for, and expired. Prior to authorizing any vaccine order in the WyIR, an Inventory Transaction Report is displayed to show the reviewer the past three months of inventory transactions that include these waste categories. The WDH will review reports regularly to ensure that providers are utilizing COVID-19 vaccine doses in a responsible manner and are not wasting the limited vaccine doses.

Real time inventory is available for each provider in the WyIR and inventory is automatically decremented each time an administered dose is added to the WyIR. When a provider places a vaccine order, the reviewer can see the number of remaining doses in inventory as well as the number of doses used in the previous month. This will allow reviewers to be able to allocate doses to providers with limited doses rather than to those with adequate doses available.

CDC requires all COVID-19 Vaccine Providers to report daily inventory counts to VaccineFinder daily. At this time, the Immunization Unit is preparing to do this inventory reporting for providers. In Phase 2 and 3, when vaccines are in greater supply, VaccineFinder will be used to allow the public to know where vaccine is available.

SECTION 8: COVID-19 VACCINE STORAGE AND HANDLING

Individual provider locations

- During the provider enrollment process, the WDH will assess and verify storage capacity (accounting for other vaccines the provider may have in their storage units) and equipment for each location. Provider offices will need to meet the storage requirements for storing the COVID-19 vaccine prior to being authorized to order and administer vaccines to minimize vaccine loss and limit risk of administering compromised vaccine.
- Each provider will need to document temperatures of vaccine storage units twice per day on the Monthly Temperature Log established by the Immunization Unit, utilizing a calibrated digital data logger thermometer. All data logger thermometers need to be configured according to CDC and Immunization Unit guidelines, including alarms, notifications, data intervals, etc. The ULT vaccine will require digital data loggers that can track temperatures at this low temperature.
- Any temperature excursions, based on manufacturer cold chain guidance, will need to be reported to the Immunization Unit immediately for review and determination of vaccine viability.
- Temperature logs will be reviewed by the Immunization Unit prior to orders being fulfilled to ensure proper storage is being maintained.

Satellite, temporary, or off-site settings

- Providers will be required to adhere to all CDC and WDH requirements for vaccine transfer and temporary storage.
- Vaccine temperatures will need to be monitored at all times using a calibrated data logger thermometer that is configured as per CDC and WDH guidelines.
- Providers will be required to monitor temperatures closely throughout the time that the vaccines are in temporary storage. Any temperature excursions, based on manufacturer cold chain guidance, will need to be reported to the WDH immediately.

Planned repositioning from shipment hubs to individual locations and from larger to smaller locations

- Wyoming does not plan to utilize redistribution locations at this time and will continue current processes of repositioning vaccines between larger and smaller providers using the WyIR. This allows WDH oversight to review and approve vaccine transfer requests to ensure equitable distribution. Some repositioning of vaccine is noted in the ULT vaccine flowcharts in Appendix C. All repositioning of vaccine will be directed by WDH and documented in the WyIR. Vaccine inventory is required to be reported daily to VaccineFinder also.

Unplanned repositioning among provider locations

- Repositioning of vaccines between provider locations will need to be approved by the WDH and all vaccine transfers must be documented in the WyIR and approved by the WDH prior to vaccines being repositioned to another location.
- Upon approval of the reposition of vaccines, the receiving provider will need to utilize proper transport protocols to pick up the vaccine and take it to the approved storage unit at their facility.

Enrolled COVID-19 vaccine providers will be assessed based on the following:

- Providers will indicate storage unit capacity in addition to the brand, model, and type of storage unit (-70 C, -20 C, or 2-8 C) that will be used to store COVID-19 vaccine on the Provider Profile during the enrollment process. They will also attest that each unit can maintain the appropriate temperature range and all providers are required to complete Vaccine Storage and Handling training.
 - If the provider is a currently enrolled Public Vaccine Program provider in Wyoming, the signed CDC COVID-19 Provider Agreement and Provider Profile will suffice as evidence of capacity and equipment to properly store COVID-19 vaccine.
 - If the provider is not currently enrolled in one of the Public Vaccine Programs in Wyoming, the provider will need to submit photographic evidence of storage units, temperature monitoring equipment, and any other verification deemed necessary by the Immunization Unit to ensure the safety of the vaccine.

Dry Ice Safe Handling and Storage (information provided based on dry ice guidance, final guidance will be provided by CDC or Pfizer for UTL vaccine)

- Avoid eye or skin contact with dry ice.
- Never handle dry ice with bare hands; use cryogenic gloves, which are designed specifically for working in freezers below -80°C.
- Cryogenic gloves need to be loose-fitting so that they can be readily removed if a piece of dry ice falls into them.
- Always use appropriate eye protection.
- Never store dry ice in an airtight container; production of gaseous carbon dioxide may lead to an explosion.
- Do not use or store dry ice in confined areas, automobiles, walk-in refrigerators, environmental chambers or rooms without ventilation; a leak in such an area could cause an oxygen-deficient atmosphere.
- Never place a cryogen on tile or laminated counters because the adhesive will be destroyed.

SECTION 9: COVID-19 VACCINE ADMINISTRATION DOCUMENTATION AND REPORTING

The WyIR will be used to collect all vaccine administration data from providers. Wyoming is a Mandatory Reporting state and requires all administered vaccines in Wyoming from all provider types and for all ages of patients to be reported to the WyIR. If a provider enrolls as a COVID-19 provider, they must also be enrolled with the WyIR for reporting, prior to being authorized for COVID-19 vaccine ordering. Providers are able to report through either direct data entry to the WyIR or through an electronic connection.

The WyIR will be connected to the IZ Gateway for reporting of administered doses to CDC. Wyoming is currently working with American Immunization Registry Association (AIRA) as well as the WyIR vendor, STCHHealth, for testing and connecting to the IZ Gateway.

Because Wyoming is a Mandatory Reporting state, there are few vaccinating providers that are not connected and reporting to the WyIR. Because of this, most providers that will enroll to be COVID-19 providers will already have the training and resources necessary to report administration data to the WyIR real time or within 24 hours of administration (CDC is allowing up to 72 hours when needed).

Any provider that is not yet reporting data to the WyIR will be enrolled and provided training on proper documentation and management of vaccine in the WyIR. Training will include vaccine ordering, inventory management, documenting administered vaccine doses, and managing vaccinators for their facilities.

The WyIR has a Mass Immunizations Module that allows for quick documentation of administered doses during off-site clinics. For satellite, temporary and off-site clinic settings, the WyIR Mass Immunization Module can be set up with individual and clinic-based settings that include addition of vaccine inventory that will be administered by a specific individual or for the entire event. Users can also be set to have a default vaccinator for those entering the vaccine encounter information on behalf of the administrator. When set up in advance, the Mass Immunization Module allows patients to be queued in a “waiting room” after demographic information has been entered or reviewed for accuracy. The person entering the encounter simply needs to click the patient name, select the vaccine that was administered, and all preloaded data elements will be populated on the patient vaccination record in the WyIR. A stable internet connection and the access to computers for data entry is the one pitfall for off-site clinics, especially those that may take place in an outdoor venue. PHNO staff regularly utilize the WyIR Mass Immunization module for other vaccine clinics including flu clinics, back to school clinics, and employee health clinics. Two-dimensional (2-D) barcode scanners can be used to scan and input demographic information as well as inventory information. The WyIR is able to produce “scan sheets” for clinics that have vaccine with varying lot information to easily scan which vaccine lot is being administered. The Immunization Unit has 2-D Barcode scanners available for providers to use if they do not have one on site already; however, most PHNOs already use this functionality and have the equipment needed to take full advantage of the functionality available in the WyIR.

Paper vaccination reporting options will be available for providers that do not have access to report administration data immediately upon administration. Locations that utilize paper documentation at the time of administration will need to capture all required data elements including patient demographic information as well as vaccine dose-level information for proper documentation in the WyIR after the clinic. Any paper-documented doses will be required to be entered into the WyIR within 24 hours of administration (no more than 72 hours) of the vaccine to ensure timely reporting to CDC. Off-site use

of the vaccine will require approval from the Immunization Unit in order to ensure proper storage and handling of the vaccine throughout the transportation and temporary storage processes. Because of this, the Immunization Unit will be able to monitor reporting from the host facility to ensure that the doses used for the clinic are entered into the WyIR by the facility. The WyIR inventory decrements in real-time when a vaccine dose is documented as being administered to a patient and therefore the Immunization Unit is able to see if vaccine doses are being reported timely and will work with providers not meeting this requirement to determine what assistance is needed.

Providers that enter administration data directly into the WyIR are held responsible for entering all required data elements for each dose. The WyIR Manager is able to set required fields as needed through the WyIR administration properties and therefore will ensure that all CDC required data elements will be required when directly entering administered doses into the WyIR.

For providers reporting through an electronic data connection, the use of Import Profiles for each provider connection will be utilized to mark data elements as required, required but can be empty, or optional. The Import Profile settings can be adjusted to either stop a message from populating in the WyIR completely if elements are missing or warn the sending facility of missing elements while still accepting the message. The Import Profiles will be established to align with CDC required data elements. Data Quality Reports will be run for providers with electronic connections to notify them of any messages that failed to populate in the WyIR and the provider will be required to resend the message with the proper information or enter the information directly into the WyIR if necessary.

The WyIR has a robust Report Module that allows state and facility-level staff to monitor vaccine inventory, reported doses, patient detail information by vaccine lot, and more. These reports, including the Vaccination Totals, Vaccination Submission, Vaccine Inventory Transaction, and Inventory Submission Reports will be utilized by Immunization Unit staff to ensure timely use of vaccine allocations and monitor wastage throughout the state and initiate vaccine transfers as needed to reduce vaccine waste. The Provider Submission Detail report allows state-level staff to see in real time, which facilities are reporting immunization data to the WyIR and if that is being done through an electronic interface or through direct data entry. This report will allow Immunization Unit staff to identify providers with COVID-19 vaccine allocations that are not being reported to the WyIR and can be contacted to determine why the doses are either not being administered or reported timely. Providers that do not meet the reporting requirements as outlined in the Provider Enrollment Agreement will be suspended from vaccine ordering and allocation until reporting requirements can be met. In this situation, if a provider is deemed to be out of compliance with reporting, Immunization Unit staff will work with the County Health Department to reposition the vaccine for administration.

The WyIR also has functionality that will allow coverage rate reports by state, county, and provider levels to be run for COVID-19 coverage. We will also utilize available CDC Dashboards populated by data collected from all COVID-19 providers including those not enrolled directly with the Immunization Unit. The WyIR is able to pull reports based on series completion versus first dose only. CDC Dashboards will also be utilized to monitor and track this information.

SECTION 10: COVID-19 VACCINATION SECOND-DOSE REMINDERS

The WyIR has a Reminder Recall module, which can compile patient lists for the purposes of reminding of a due dose (reminder) or recalling those who need a dose (recall). A Reference Guide has been created and is available on the WDH Immunization Unit website detailing how to use the WyIR

Reminder Recall module. The WyIR does not have the capability of sending reminders directly to the patient, instead it is a tool for providers to use to compile the patient list.

Early information suggests that the vaccine doses will ship with cards that are to be given to the patient that will include the vaccine brand received and when to return for a second dose. If these cards are provided, vaccinators will be instructed to fill out and provide these cards to every patient who is vaccinated along with instructions to return for the second dose. The COVID-19 vaccine provider agrees to provide this card in #11 on the CDC COVID-19 Vaccination Program Provider Agreement.

Many providers, especially those enrolled in the Public Vaccine Programs in Wyoming, are trained and encouraged to routinely perform Reminder Recall for all vaccine types. Providers accomplish this through a variety of means, including utilizing EHR systems, patient portals, and paper-based systems like Kardex files. Means of patient contact include mailings, phone calls, email, “ticklers” in the patient portal, and text messages.

COVID-19 vaccination providers will be educated on two-dose series requirements, and the various methods that can be utilized to ensure patients return for their second dose. Communication that is provided to healthcare providers, stakeholders, and the public will include messaging on the two-dose series requirement, and the importance of receiving both doses for full protection.

SECTION 11: COVID-19 REQUIREMENTS FOR WYIR

The WyIR has a Mass Immunizations Module that allows for quick documentation of administered doses during vaccination clinics. The module allows for pre-population of inventory information, vaccinators present during the clinic, and preloading of patient information through a Waiting Room feature. Barcode scanners can be used to scan and input demographic information as well as inventory information.

Paper vaccination reporting options will be available for providers that do not have access to report administration data immediately upon administration. Any paper documented doses will be required to be entered into the WyIR within 24 hours of administration (no more than 72 hours) of the vaccine to ensure timely reporting to CDC.

The WyIR is capable of capturing the following demographic and clinical information in regards to patients:

- Chronic medical condition information
- Age
- Race/Ethnicity
- Allergies
- Income
- School
- Insurance

The WyIR is a very robust system with extensive modules and features for data reporting, storage, monitoring, and exchange. The WyIR is hosted by STCHealth and utilizes Amazon servers for data storage and security. STC monitors states’ load in real time and scale data resources as necessary. Wyoming has the ability to scale to the load of states such as Washington, Louisiana, or other large STC hosted states which are able to handle the size of their population which Wyoming would not be anywhere near, even if we needed to significantly scale up. Additional data capacity and the load on the servers is of no concern to Wyoming at this time.

The WyIR has reporting capabilities for inventory information, patient information, state-level information, provider-level information, demographic breakdown, and data quality elements. The WyIR has the ability to run reports for each established electronic connection used to transmit data to and from the WyIR that can determine the success or failure of vaccination messages and queries. The WyIR is able to provide real time HL7 connectivity as well as DDT Upload functionality when absolutely necessary. Providers without an established electronic connection are required to access the WyIR directly to input information.

Due to Mandatory Reporting requirements in Wyoming, there is already a large saturation of enrolled vaccinating providers, including employee health services and other temporary vaccination sites such as the Wyoming Health Fairs. Providers not enrolled currently will be required to follow the current enrollment procedure that is streamlined to include electronic signatures and documents to prevent lag time.

Due to the small staff in Wyoming, providers will first be set up to do manual data entry until an electronic connection is established. COVID-19 providers will be prioritized for the electronic connections as these will be vital in ensuring timely reporting of administration data to CDC within 24 hours of administration (no more than 72 hours of administration).

Wyoming is working on connection to both the Connect and Share components of the IZ Gateway. AIRA has established a test connection to begin monitoring the readiness of the WyIR and we are working with STCHealth on the Share component. Due to the small staff resources available within the Immunization Unit, we will be utilizing AIRA and STCHealth heavily to complete the connectivity work.

Wyoming is still determining how Provider-level data sharing agreements will be completed; however, STCHealth has submitted plans to CDC to be able to do this work for Wyoming as well as other consortium states.

The WDH is working on a number of data sharing agreements:

- Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway has been signed.
- Model Business Associate Agreement with the Association of Public Health Laboratories to participate in the IZ Gateway has been signed.
- Data use agreement with CDC for national coverage analyses has been signed.
- AIRA Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component has been signed.

The WyIR is currently connected to the AIRA ARRT Tool to monitor and assess data quality of the WyIR connections. The WyIR also has robust reporting capabilities to track and monitor the quality of incoming data from providers. Import Profiles are used to ensure that all required and recommended data elements are captured and included in administration data. Connections are monitored to ensure that data is flowing in the system consistently and that there are no connection issues that would cause messages to stop flowing through to the WyIR. As previously stated, in comparison to other STC hosted states, Wyoming's load bearing on the servers is insignificant and can handle additional loads on the system. In the event the WyIR production environment would go down, STC has a critical plan in place that will provide support 24/7 until the system is back up. The STC team identifies system issues quickly and begins work immediately to resolve any issues. STC is able to increase storage and load capacity immediately if needed. The Wyoming Immunization Unit has contact information of WyIR

users available outside of the WyIR to be used to communicate any outages to providers immediately. The situation would be monitored closely and updates would be provided to states. Wyoming will also provide extensive communication and information to providers in regards to the required data elements and timeliness of data reporting requirements.

SECTION 12: COVID-19 VACCINATION PROGRAM COMMUNICATION

The WDH recognizes the need for extensive and ongoing communication activities related to implementing the COVID-19 vaccination plan.

Expected key communication messages over time will include but are not limited to vaccine development status, vaccine availability within Wyoming, need for prioritization, information on priority groups, vaccine safety reassurance, information on where to get vaccinated, importance of two doses, relationship to flu vaccine and effectiveness.

An internal, collaborative spreadsheet called the COVID-19 Vaccination Communication Matrix has been developed. This spreadsheet is housed in a shared Google Drive and is used by WDH internal stakeholders as a collaborative planning tool in determining the various audiences and the communication channels most available and appropriate to reach those audiences. The spreadsheet is also linked to the overall vaccination plan phases.

The WDH public information officer (PIO) and personnel within the WDH COVID-19 Vaccination Planning Team will coordinate and deliver public health information using the department's routine practices, applying crisis and risk communication principles as needed. The table below defines the list of key audiences and the potential available communication channels.

Table 3: PHASE 1-limited supply of COVID-19 vaccine doses: Populations based on the CDC and ACIP

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION/ COORDINATION
Vaccine providers identified as early vaccine providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels
Healthcare personnel including but not limited to: Hospitals, Long Term Care Facilities (LTCF), Assisted Living Centers, Behavioral Health Inpatient Facilities, Urgent Cares, Clinics and Healthcare Centers	Emails Conference Calls Website	Internal WDH communication channels and local planning/communication Federally contracted pharmacy partners
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication

Departments)		
National Security Populations and First Responders	Conference Calls Emails Website News Brief	Internal WDH communication channels in coordination with: Governor's Office Air National Guard Army National Guard WYDOT Fire Chiefs Police Chiefs Sheriffs WOHS Wyoming Association of Sheriffs and Chiefs of Police (WASCOP)
Essential workers	Emails Conference Calls News Brief Website	Internal WDH communication channels and local planning/communication Wyoming Business Council Wyoming Mining Association
General Public	News Releases Website Media briefing Social media	Governor's Office Local and statewide media Social media
Those with underlying medical conditions	News Releases Website Media briefing Social media	Pharmacies and local providers communication with patients Local and statewide media Social media
People at increased risk for severe illness from COVID	News Releases Website Media briefing Social media	Pharmacies and local provider communications with patients Local and statewide media Social media

People 65 years and older	News Releases Website Media briefing Social media Stakeholder communication methods Mailer PSA Flyer Newspaper, TV, Radio	Pharmacies and local providers communication with patients Local and statewide media Social media AARP WDH Aging Division- Senior Centers Local public health/emergency managers Local public information officers State agencies: medicare/medicaid, behavioral health, public health Wyoming Retirement System Wyoming state boards (i.e., medicine, hospital association, etc.) National Weather Service Wyoming Volunteer Organizations Active in Disasters (VOAD)
Additional approved COVID vaccine providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication

Table 4: PHASE 2- Greater supply of vaccine doses

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION
Approved COVID vaccine providers	Website E-mail Conference Calls	Internal WDH communication channels and local planning/communication
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health Departments)	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
National Chain Pharmacies	Website E-mail	Internal WDH communication channels and local

	Conference Calls Direct Mail	planning/communication
General Public	News releases Website Media briefing Social media Mailers PSAs TV/Radio/Newspaper	Governor's Office Local and statewide media Social media Potentially paid media Wyoming PBS

Table 5: PHASE 3- Likely sufficient supply, slowing demand

KEY AUDIENCES	COMMUNICATION CHANNELS	PARTNER ACTIVATION
Local Government Community Partners (Hospitals, PHNOs, CHDs and Tribal Health Departments)	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
All COVID Vaccine Providers	Website E-mail Conference Calls Direct Mail	Internal WDH communication channels and local planning/communication
General Public	News releases Website Media briefing Social media	Governor's Office Local and statewide media Social media Potentially paid media

A preliminary vaccination update has already been distributed via email to identified key stakeholders addressing assumptions and establishing COVID-19 vaccination communication. All communication will be conducted in a timely and applicable manner for the current phase of the vaccination program. It is expected that these operations will be accomplished as part of a WDH COVID-19 Vaccine Management TEAM effort. Throughout this process WDH will work closely with local public health representatives, other state agency partners as needed, and the Governor's Office to ensure complimentary communication efforts.

WDH procedures for risk/crisis/emergency communication have been described in the Wyoming Department of Health-Public Health Emergency Preparedness Program Crisis and Emergency Risk Communication Plan (Appendix D).

As the entire team supporting the vaccination effort will monitor national developments that affect supply and recommendations for distribution, the communications team led by the WDH PIO will keep

apprised of the situation and recommend messages shared by CDC and other national partners. At the same time, Wyoming situational updates will also be monitored.

The WDH PIO will refer to national information as well as the current Wyoming situation to develop messages appropriate for dissemination. Message approval will involve the state health officer and appropriate PHD leadership and program personnel.

While expected primary communications channels to be used were listed above, the PIO and other team members may also choose to use other methods identified in the WDH Public Health Emergency Preparedness Communication Binder:

- Telephone calls made to media and partners/stakeholders
- E-mail using partner distribution lists or listserv
- Wyoming Alert and Response Network (WARN)
- Zoom
- Conference calling
- Video Conferencing
- Highway Advisory Radios (HARS)
- Virtual Situational Radios (VSAT)
- Media ie print, radio and television
- Wyoming Department of Transportation dynamic messaging signs (DMS)
- Media briefings, community meetings, virtual meetings
- WDH, partner/stakeholder, social networking, and media websites
- Emergency alert system (local or partner)
- Wyoming Department of Transportation 5-1-1 (traveler information)
- WebEOC
- Websites
- Wyoming 211
- Local coordination for:
 - Local broadcast fax
 - Printed materials, including fact sheets (available on the web)
 - Reverse 911 in collaboration with local partners

For the COVID-19 vaccination plan special populations will include any individual, group or community with physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or circumstance-related barriers to understanding or responding similarly to the general population. Wyoming emergency management and public health have been working to address these populations by including them in local and regional community planning efforts via partnerships with both individuals and groups that advocate on behalf of at-risk populations.

At a later stage when vaccine supply is plentiful, WDH will consider contracting with a local marketing agency for a paid campaign to promote vaccination. WDH has worked with a variety of marketing agencies on prior campaigns. A decision to move forward will depend on the current situation, including vaccine demand among Wyoming residents, and also on availability of funds. A potential advertising campaign would include a mix of digital and traditional media techniques.

Overall, WDH will be diligent about communicating what is known, regularly updating this information and continuing the dialogue with various audiences, including media and partners/stakeholders, throughout the vaccine distribution and administration process. A focus early

will be to establish trust and credibility related to vaccination within Wyoming, and ongoing effort will be made to maintain that trust and credibility.

SECTION 13: REGULATORY CONSIDERATIONS FOR COVID-19 VACCINATION

Providers must agree to provide an approved Emergency Use Authorization (EUA) fact sheet or Vaccine Information Statement (VIS) to each recipient as indicated on question 5 of Section A. CDC COVID-19 Vaccination Program Provider Agreement when enrolling.

A list of authorized COVID-19 vaccine products with corresponding EUA fact sheets for healthcare providers and vaccine recipients, and up-to-date expiration information by vaccine lot will be available through the CDC website. VISs are required only if a vaccine is added to the Vaccine Injury Table. VISs will be produced after a vaccine has been licensed. Plans for developing a VIS for COVID-19 vaccine are not known at this time but will be communicated as additional information becomes available. Information on when to provide EUA fact sheets or VISs and where to find them is part of the mandatory Vaccine Administration Training modules developed for Vaccine Coordinators and enrolled provider staff. The CMO, CFO, and Vaccine Coordinators listed in Section A. and B. of the Provider Enrollment Agreement will be encouraged to mandate training for all staff, including volunteer vaccinators; however, only the two Vaccine Coordinators will be responsible for completing all training modules prior to being authorized to order and receive vaccine. By signing the Provider Enrollment Agreement, the CMO and CFO acknowledge responsibility for all of the required elements of the COVID-19 Vaccination Program and therefore will be motivated to require training for all staff involved in the storage, handling, and administration of the COVID-19 vaccine.

COVID-19 vaccination providers may choose how to provide EUA fact sheets or VIS prior to vaccine administration. Providers have options to provide them in printed form, sent as a downloaded .pdf file to the patient's medical portal, provided by laminated copies in a waiting room for viewing, or on a computer monitor or video display. If not provided directly in printed form, providers will be instructed that patients must still be offered a copy of the VIS to take away following the vaccination. Additionally, healthcare providers are required to notate each patient's permanent medical record with the edition date of the VIS distributed and the date the VIS was provided.

SECTION 14: COVID-19 VACCINE SAFETY MONITORING

The CDC COVID-19 Vaccination Program Provider Agreement includes #10: Organization must report moderate and severe adverse events following vaccination to the VAERS. When signing the form providers are made aware of this requirement.

Enrolled providers will receive training detailed in Section 5, and VAERS education will be an included topic. Education will discuss what VAERS is, how to report, and requirements for doing so.

SECTION 15: COVID-19 VACCINATION PROGRAM MONITORING

Progress Monitoring

The WDH's methods and procedures for monitoring various critical program planning and implementation elements, including performance targets, resources, staffing and activities during COVID-19 vaccination program implementation are described below.

Tiberius

The Operation Warp Speed (OWS) Tiberius platform, is a COVID-19 vaccine distribution planning, tracking, modeling, and analysis application that provides flexible, real-time, data-backed processes so users of all types can make data-driven decisions. Tiberius integrates data sources from federal agencies, state and local partners, private-sector partners, and other data providers to create a comprehensive common operating picture for the COVID-19 vaccine planning, distribution, and administration effort that awardees can use to support the COVID-19 vaccine response. WDH has a number of employees with access and a technical assistance resource has been allocated to Wyoming.

VaccineFinder

VaccineFinder is an online platform that will contain all COVID-19 vaccine providers with both internal and external facing elements. At this time WDH is planning to submit daily vaccine inventory counts to VaccineFinder for Wyoming providers. The platform will eventually contain a comprehensive list of providers and will allow the public to find COVID-19 vaccination providers near them. Providers will have the choice to appear as a COVID-19 vaccination facility to the public or keep their information private.

- Provider enrollment will be monitored and tracked utilizing Adobe Acrobat export tools to extract data from completed Agreements submitted by providers. The data extracted from the Agreements is exported to a .csv file that is then used to monitor enrollment statistics and upload the information to the IZ Data Lake. This will allow the program to identify gaps within jurisdictions and tailor efforts accordingly. The Immunization Unit struggles to define a denominator of vaccinating providers in Wyoming due to limited resources and data collection from various stakeholder and partner organizations. For example, the Wyoming Board of Pharmacy and Wyoming Pharmacy Association are able to provide the total number of pharmacies in Wyoming, however, this is no current listing that indicates those pharmacies, which provide vaccination services. The same is true for medical offices; WDH did receive information from Medicare and has access to Medicaid claims data, however, due to the nature of the State and Federal vaccine programs, some offices choose not to bill for the administration of publicly-supplied vaccine and therefore the data sources are incomplete. The Immunization Unit will do the best it can to monitor and determine the percentage of providers in Wyoming targeted for COVID-19 vaccine response activities.
- All enrolled providers will be added to the WyIR for reporting and ordering purposes. The WyIR will be able to provide extracted data for all enrolled providers. The WyIR has the capability to designate providers as COVID-19 as well as VFC and therefore reports can be run by COVID-19 providers. Provider enrollment data will be sent to CDC twice weekly as per required in the manner that CDC determines to be acceptable.

Access to COVID-19 vaccination services by population in all phases of implementation

- The CDC COVID-19 Vaccination Response Dashboard will be utilized to monitor access to COVID-19 providers in areas of the state based on currently enrolled providers versus those that have not yet enrolled and could meet the needs in those areas. Tiberius may also be used for this purpose once it is available. Manual tracking will also be done in Wyoming utilizing GIS services and enrollment data.

WyIR system performance

- The WyIR system performance is monitored on a real time basis by the software vendor STCHHealth. The WyIR also has internal reporting capabilities as well as modules that allow WDH to see in real time messages that are coming into the WyIR through electronic data connections. Any message errors or issues can be identified, reviewed, and reported back to providers as needed.
- Data will be reported to the CDC based on CDC data reporting requirements. Internal staff will be responsible for monitoring the reporting of data to ensure that it is reported timely and accurately according to specifications. Enrollment data will be reported to the IZ Data Lake every Monday and Thursday as per CDC reporting requirements.

Provider-level data reporting

- All enrolled COVID-19 providers will be required to report all administration data to the WyIR upon administration through either an electronic interface or through direct data entry. If the provider is unable to report the information real time at the time of administration, they will be required to report the information into the WyIR within 24 hours of administration to ensure that the data is sent to the CDC timely.. Note: CDC acknowledges that providers may need up to 72 hours to report data and for states to upload to CDC.
- The Immunization Unit does not currently have real time data quality monitoring systems in place to see real time data quality statistics of incoming data to the registry by either electronic connections or through direct data entry. The Immunization Unit has implemented provider profiles that are used to screen all incoming data for each provider to ensure completeness as per the Wyoming HL7 Implementation Guide¹ and the CDC HL7 v2.5.1 Guide². The Immunization Unit Data Quality Assurance Specialist provides Provider Detail Error Reports (PDERs) to providers with an established electronic interface, monthly. The PDER shows message errors and warnings in regards to either missing or invalid data that either caused a message to error and not populate on the patient's record in the WyIR or allowed the message to be received but indicates that the data field should be updated as per the Guidance documents. Providers are trained during the onboarding process on the importance of working with their vendor to review response messages received from the WyIR when data is reported.
- Providers enrolled directly with CDC will also be required to report administration data to the WyIR as Wyoming is a Mandatory Reporting state for all vaccines and all age groups which will include COVID-19 vaccine. Pharmacies as well as other healthcare providers all fall within the Mandatory Reporting requirements. Any provider not currently enrolled with the WyIR will be enrolled prior to receiving COVID-19 vaccine to ensure proper reporting of administered data. As stated previously, the Immunization Unit will utilize the Provider Submission Detail Report in the WyIR to evaluate the number and percentage of enrolled COVID-19 Vaccine Program providers that have COVID-19 vaccine supplied by the state to ensure reporting of the administered doses. If it is determined a provider is not reporting timely, Immunization Unit staff will contact the Vaccine Coordinators for the location to determine the barriers to reporting immunization data as per the requirements set forth in the Enrollment Agreement. Providers not reporting data timely for no reason other than a lack of concern for compliance, will be notified that they will no longer be eligible to participate in the COVID-19 Vaccination Program until data reporting requirements can be met.

¹ <https://health.wyo.gov/wyir-hl7-implementation-guide-final-feb2020/>

² <https://www.cdc.gov/vaccines/programs/iis/technical-guidance/downloads/hl7guide-1-5-2014-11.pdf>

- The Immunization Unit is currently working with STC to determine a strategy to meet the reporting requirements set forth by CDC. Currently the Immunization Unit does not have direct access to our database and therefore cannot perform data extracts in house. STC has set up a Secure File Transfer Protocol (SFTP) site to provide daily data extracts that will then be uploaded to the system established by CDC for daily vaccine reporting. CDC has not yet specified how this data upload will occur but Wyoming is working closely with STC, the CDC, and AIRA to ensure that the data extracts and uploads are successful in time for a COVID-19 vaccine response. The Immunization Unit is also actively working with CDC, Audacious Inquiry (AI), and STC to connect to report data directly through the IZ Gateway when that is available for reporting real time data in place of daily reports. At this time, the delay is from the CDC and they are requiring manual extraction and reporting of immunization data every 24 to no more than 72 hours until further notice.

Vaccine ordering and distribution

- The WyIR will be utilized to monitor, track, and allocate all vaccine doses. Provider ordering will take place in the WyIR. The WyIR is interfaced with Vtrcks and therefore providers will not utilize Vtrcks directly. Shipping logs will be exported from Vtrcks and uploaded to the WyIR for tracking of vaccine shipments. Any transfers between providers will also be done utilizing the WyIR. All vaccine transfers are approved by the Immunization Unit and therefore allocations will be monitored on a dose level for all providers.

One- and Two-dose COVID-19 vaccination coverage

- The WyIR has functionality that will allow coverage rate reports to be run for COVID-19 coverage. We will also utilize the CDC Dashboards that are available and populated by the data collected from all COVID-19 providers including those not enrolled directly with the Immunization Unit. Reminder Recall functionality will be utilized for recalling patients for the second dose of vaccine. The WyIR is able to pull reports based on series completion versus first dose only. CDC Dashboards will also be utilized to monitor and track this information.
- Reports will be used to determine if there are low series completion and work to identify if it is a particular provider location or an area as a whole that is not completing the series. If it is determined that it is associated with an individual facility, Immunization Unit staff can work to assist with Reminder Recall training and education as well as provide guidance for communicating the importance of series completion at the time the first dose is administered. If it is a larger population group determined as not completing the series, a more broad education approach can be used to work to increase the series completion rates throughout Wyoming.

The WDH will monitor and assess the progress of implementing the COVID-19 vaccination program by creating and reporting on key metrics as described in the table below. These metrics will guide programmatic actions internally and some milestones will be available externally to inform the public on COVID-19 vaccination access and coverage. Metrics will be updated as we progress through the phases of vaccination plan implementation. Table 6 describes monitoring methods, data systems, metrics, monitoring frequency and target audiences.

Table 6: Data monitoring methods, data systems, metrics, monitoring frequency and target audiences.

METHODS	OBJECTIVES	DATA SYSTEMS	TARGET AUDIENCE	MONITORING AND REPORTING
Provider Enrollment				
Track providers enrolled by location, provider type, and population served	Monitor provider enrollment	WylR	Internal programmatic tracking	Weekly
Vaccine Ordering and Distribution				
Track vaccine ordered by providers based on populations served	Ensure equitable allocation of vaccine; monitor coverage of critical populations	WylR, Tiberius	Internal programmatic tracking	Weekly
Compare doses ordered with doses administered at state-, county- and provider-level	Ensure vaccine is being efficiently utilized	WylR, Tiberius	Internal programmatic tracking	Weekly
Monitor wastage rates and vaccine-stock outs	Ensure vaccine is being efficiently utilized	WylR	Internal programmatic tracking	Weekly
COVID-19 Vaccination Coverage and Access				
Vaccination coverage, high-risk population data and inventory overlay	Monitor vaccine supply and coverage	WylR, Tiberius	Internal programmatic tracking	Weekly
Calculate and map percent of population with partial (1-dose) and completed (2-dose, where applicable) vaccination series, by geographic, population indicators, including vaccine type	Provide situational awareness and surveillance of vaccination coverage	WylR, Tiberius, VaccineFinder	Internal programmatic tracking, external audience	Weekly
Provider search and identification	Ensure access to provider information by the public	VaccineFinder	External audience	Weekly
Data Reporting				
Track date from vaccine administration at provider to date entered in WylR	Track provider-level reporting efficiency	WylR	Internal programmatic tracking	Daily
Track daily data reporting to CDC	Track state-level reporting efficiency	WylR	Internal programmatic tracking	Daily

Resource Management

Methods and procedures for managing budget, staffing, and supplies during COVID-19 vaccination program implementation are described below.

Budget

- Unit Managers within the Immunization and the Preparedness and Response Units have CDC cooperative agreements which allow funding to be utilized for vaccination efforts. Budget resources are monitored utilizing WDH fiscal systems and processes with assistance from WDH Fiscal Manager. ICS resource management processes will also be utilized if activated and appropriate.

Staffing

- The Immunization Unit staff resources will be monitored to ensure that there are appropriate resources allocated to COVID activities as well as non-COVID activities required to be sustained such as VFC provider ordering and compliance. The Immunization Unit will work closely with the CDC and our assigned Project Officer to ensure all non-COVID activities are monitored and prioritized based on the available staff resources. Additionally, the Immunization Unit will work with other Programs within the Department to reallocate resources as necessary. ICS resource management processes and surge personnel strategies will also be utilized if activated and appropriate.
- Vaccinator capacity will also be monitored at the county level so resources can be requested from state or federal level if necessary.

Supplies

- Tiberius will be used to monitor and track areas that have both state and federally allocated doses of COVID-19 vaccine to determine where additional vaccine allocations may need to be sent to.
- The Preparedness and Response Unit has processes in place to procure scarce Personal Protective Equipment (PPE) and other supplies to protect our workforce and rapidly distribute and dispense lifesaving medications, PPE, and supplies to healthcare and public health responders. This will be consistent with how the WDH ESF #8 role has been filled throughout the COVID response. The Preparedness and Response Unit and the Healthcare Preparedness Program maintain caches of PPE and supplies.

Communication

Methods and procedures for monitoring communication during COVID-19 vaccination program implementation are described below. Based on information gained from Google Analytics and the other tools/resources mentioned below, the WDH will modify communications methods and messages.

Message delivery

- Wyoming Department of Health Website
- Internal communications (email, phone, newsletter, etc)
- Wyoming Alert and Response Network (WARN) - This system can receive confirmation of notification (This is not a public communication system)
- Social media platforms

- Wyoming 2-1-1 Call Center
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms will be used for monitoring
- Press conferences, news releases, advertising, and public service announcements

Reception of communication messages and materials among target audiences throughout jurisdiction

- An established social monitoring group will be used to search, collect, and summarize event specific information and trends across a variety of social media platforms
- Wyoming 2-1-1 Call Center
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms
- Social media platform analytics
- Tracking calls to the WDH main phone lines

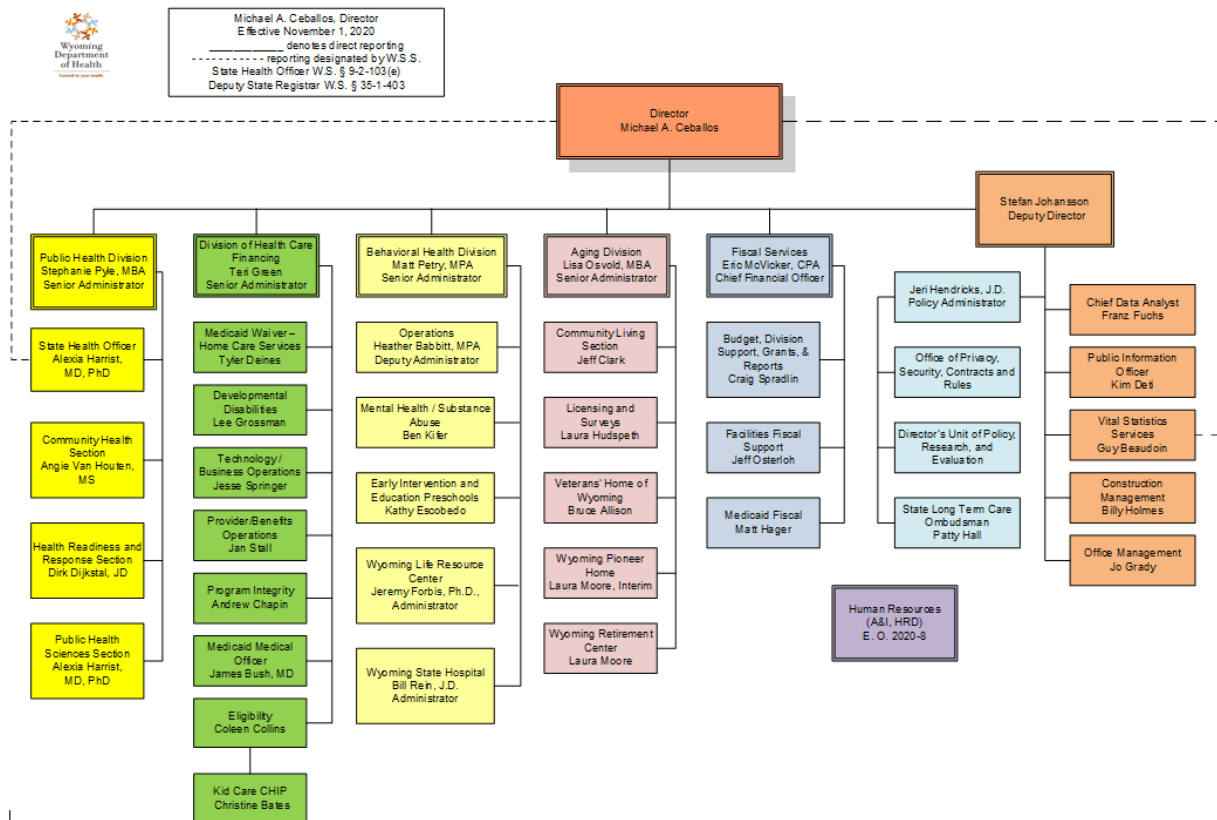
Situational Awareness Monitoring

- During weekly partner coordination calls
- Communications with the Unified Command Situation Unit
- An established social monitoring group will be used to search, collect, and summarize event specific information and trends across a variety of social media platforms.
- Conference calls (video and phone) with local partners for situational awareness and other response activities.
- Google Suite: Google Analytics, Google Sites, Google Forms, and other Google platforms
- Requests for Essential Elements of Information (EEI) are requested from local and tribal jurisdictions to provide state level situational awareness.
- Monthly PHPR-PHRC coordination calls
- Facebook sites

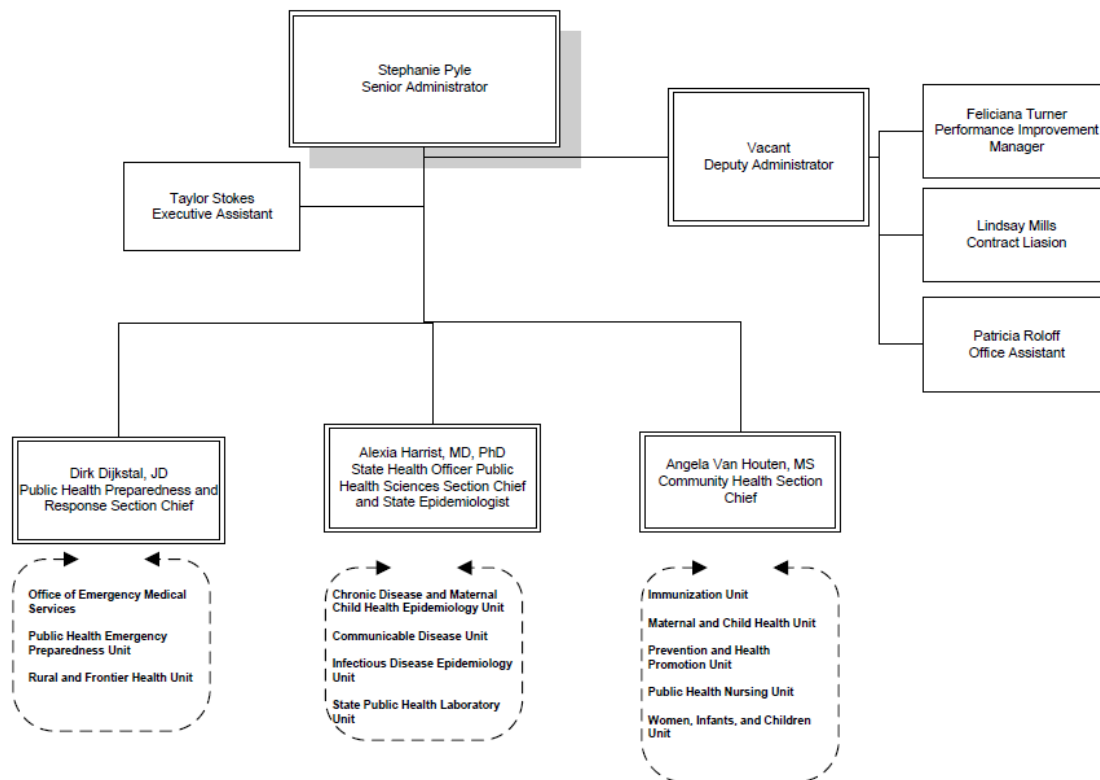
Website

The WDH will include information for vaccine providers and the public on <https://health.wyo.gov/publichealth/immunization/>. WDH pages will have appropriate subpages or links to this website. The main WDH website will have a prominent header or banner link to the vaccination pages also. Vaccination metrics to be included on this website: doses received, doses administered, and vaccine providers enrolled.

APPENDIX A: WDH Organizational Charts



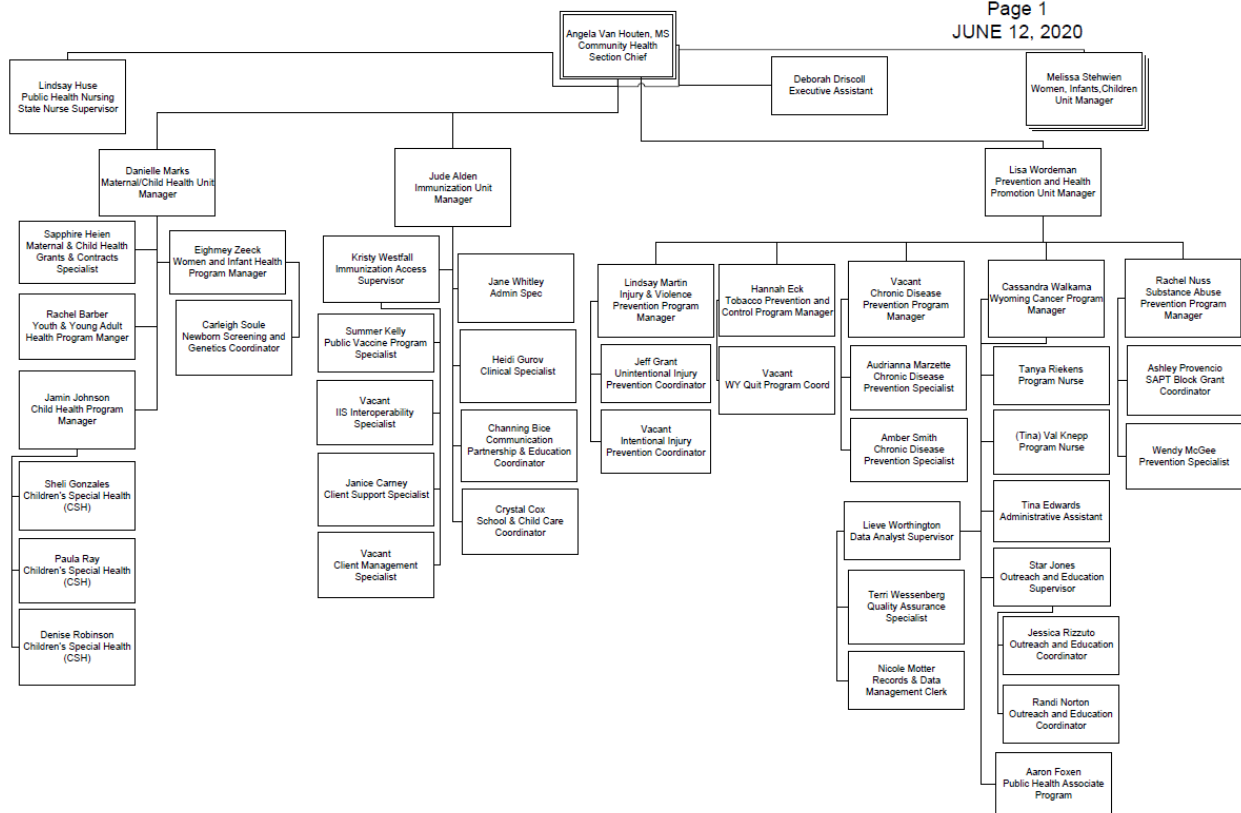
Public Health Division:



Community Health Section

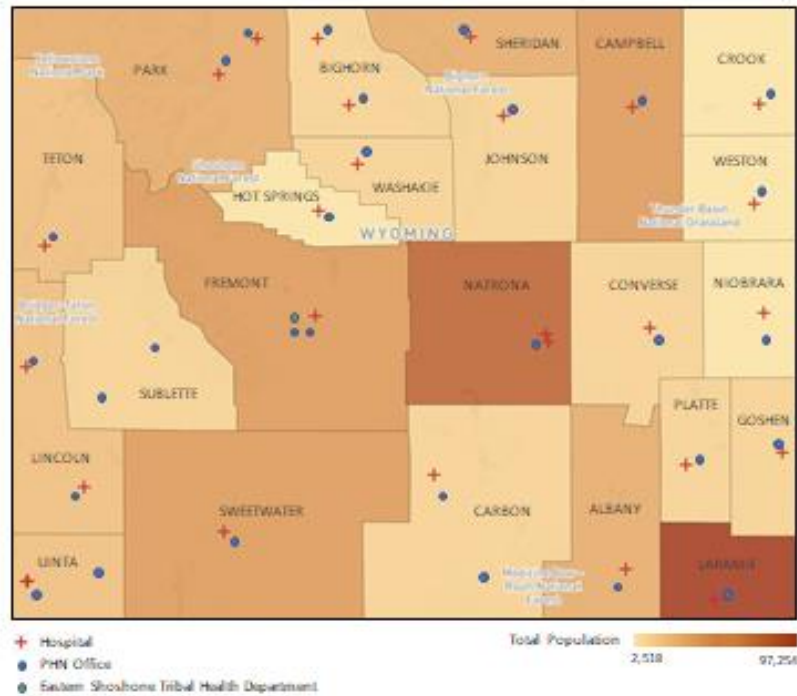
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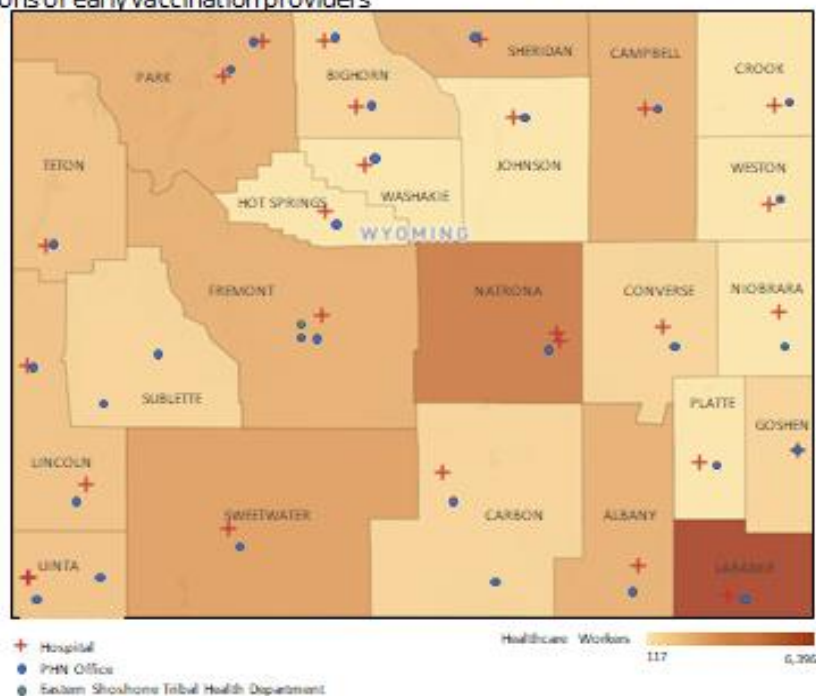


APPENDIX B: Maps showing early COVID-19 Vaccine Providers (tentative). Hospitals and public health agencies are targeted for administration of early vaccine when doses are limited. Providers must sign the COVID-19 Vaccine Provider Agreement and meet requirements to receive COVID-19 vaccine.

Map 1: Population per county and locations of early vaccination providers



Map 2: Estimated number of healthcare provider/worker per county and locations of early vaccination providers



Map Legend: Estimated number of healthcare provider/workers per county and locations of early vaccination providers

Hospital	County
Ivinson Memorial Hospital	Albany
North Big Horn Hospital District	Big Horn
South Big Horn County Critical Access	Big Horn
Campbell County Memorial Hospital	Campbell
Memorial Hospital of Carbon County	Carbon
Memorial Hospital of Converse County	Converse
Crook County Hospital	Crook
SageWest Healthcare	Fremont (hospitals in Lander and Riverton)
Goshen Community Hospital	Goshen
Hot Springs County Memorial Hospital	Hot Springs
Johnson County Healthcare	Johnson
Cheyenne Regional Medical Center	Laramie
South Lincoln Medical Center	Lincoln
Star Valley Health	Lincoln
Summit Medical Center	Natrona
Wyoming Medical Center	Natrona
Cody Regional Health	Park
Powell Valley Hospital	Park
Platte County Memorial Hospital	Platte
Sheridan Memorial Hospital	Sheridan
Sweetwater Memorial Hospital	Sweetwater
St. John's Medical Center	Teton
Evanston Regional Hospital	Uinta
Washakie Medical Center	Washakie
Weston County Health Services	Weston

Public Health Nursing Offices (PHNO) & County Health Departments	County
Albany County PHNO	Albany
Big Horn County PHNO- Greybull Office	Big Horn
Big Horn County PHNO – Lovell Office	Big Horn
Campbell County Health Department	Campbell
Carbon County PHNO- Riverton Office	Carbon
Carbon County PHNO – Saratoga Office	Carbon
Converse County PHNO- Douglas Office	Converse
Converse County PHNO– Glenrock Office	Converse
Crook County PHNO	Crook
Fremont County PHNO- Riverton Office	Fremont
Fremont County PHNO – Lander Office	Fremont
Goshen County PHNO	Goshen
Hot Springs County PHNO	Hot Springs
Johnson County PHNO	Johnson
Cheyenne-Laramie County Health Department	Laramie
Lincoln County PHNO- Afton Office	Lincoln
Lincoln County PHNO -Kemmerer Office	Lincoln
Casper-Natrona County Health Department	Natrona
Niobrara County PHNO	Niobrara
Park County PHNO- Cody Office	Park
Park County PHNO- Powell Office	Park
Platte County PHNO	Platte
Sheridan County PHNO	Sheridan
Sublette County PHNO- Pinedale Office	Sublette
Sublette County PHNO- Big Piney Office	Sublette
Sweetwater County Community Nursing Services	Sweetwater
Teton County Health Department	Teton
Uinta County PHNO- Evanston Office	Uinta
Uinta County PHNO - Lyman Office	Uinta
Washakie County PHNO	Washakie
Weston County PHNO	Weston

Appendix C: Draft flowcharts for Ultra-low Temperature Vaccine (ULT) allocation and repositioning (shipments from the manufacturer will be a minimum of 975 doses).

Chart 1: One shipper sent directly to County, 975 doses

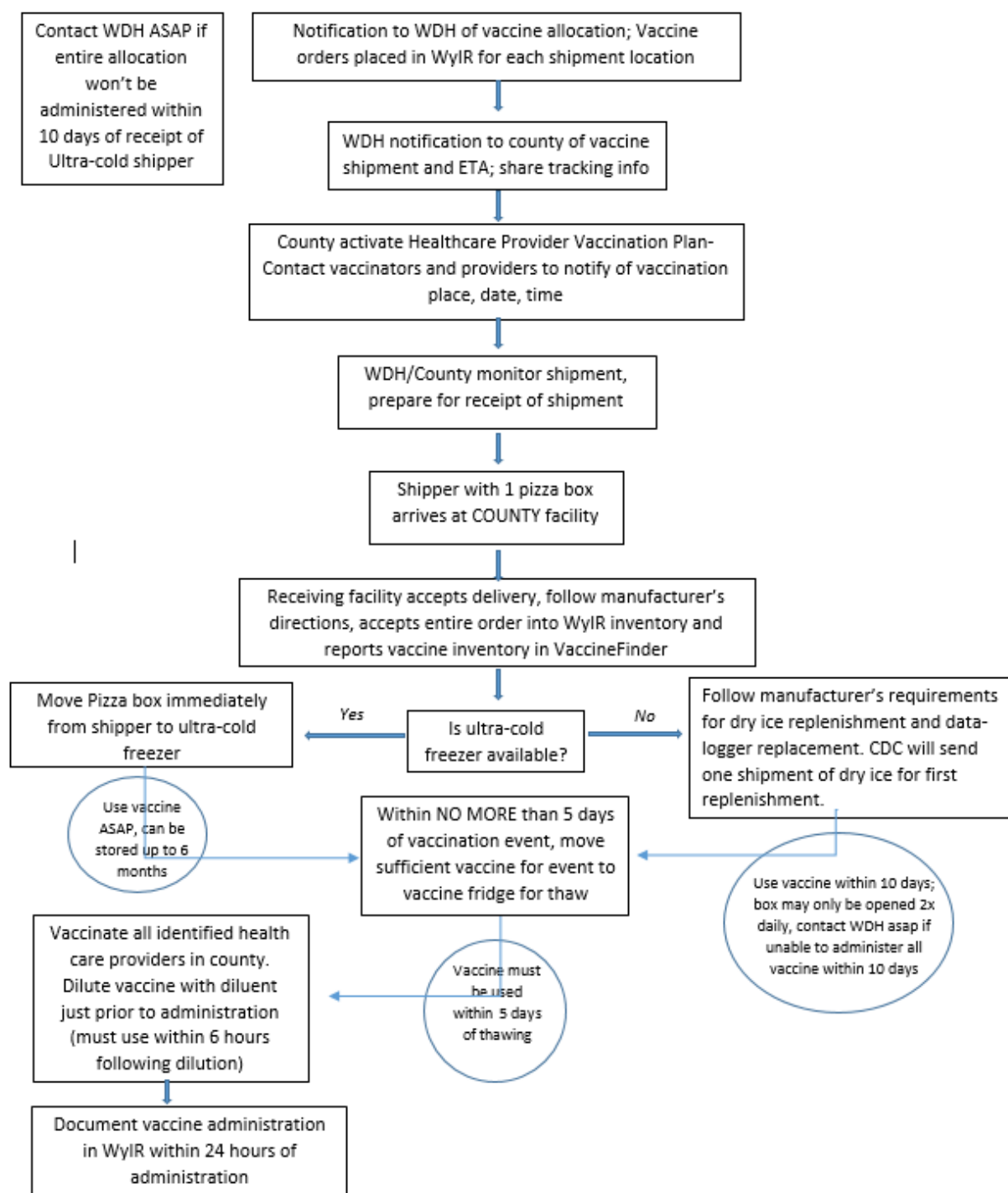


Chart 2: 1000-2000 Dose COVID Vaccine Scenario Flowsheet

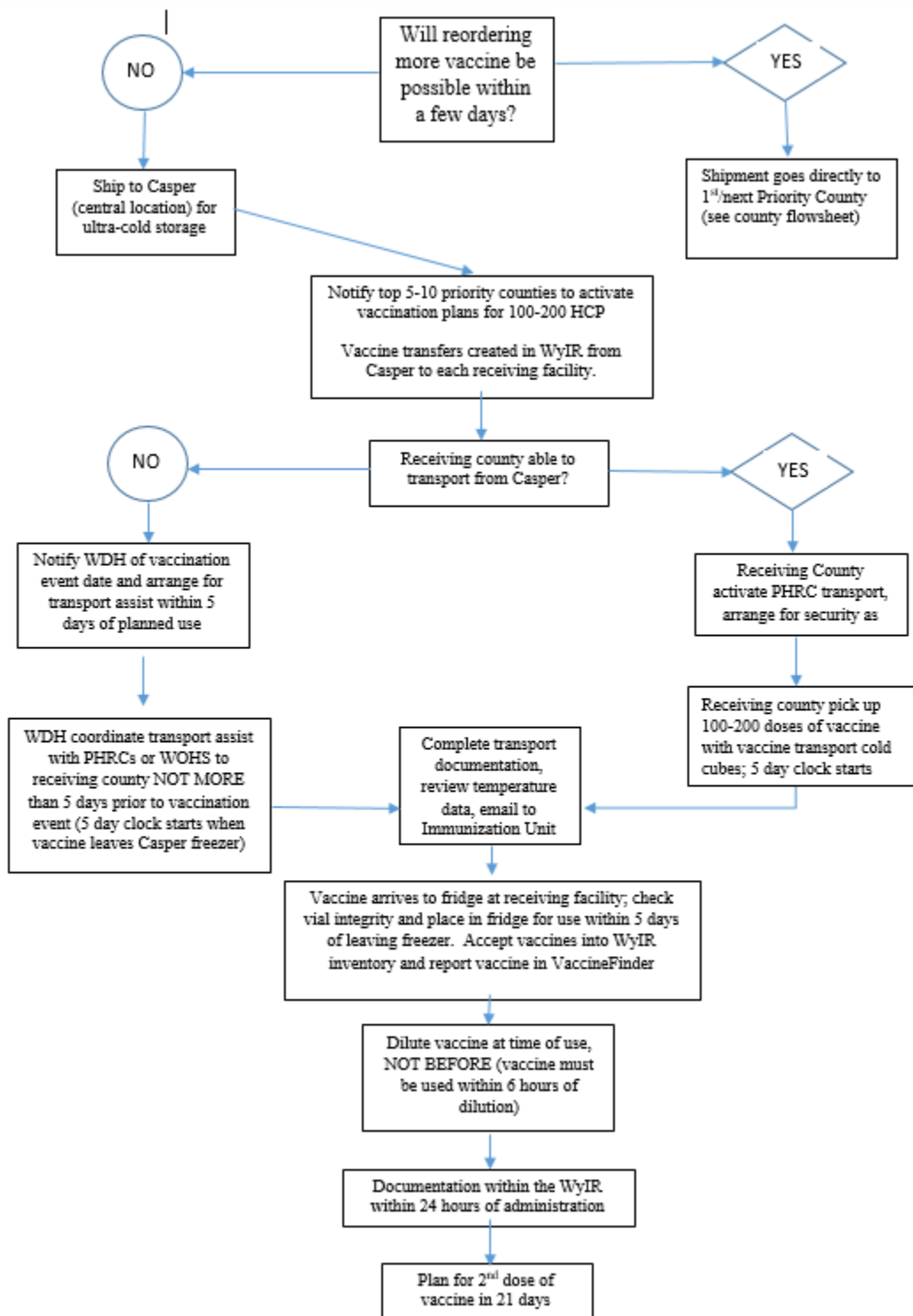
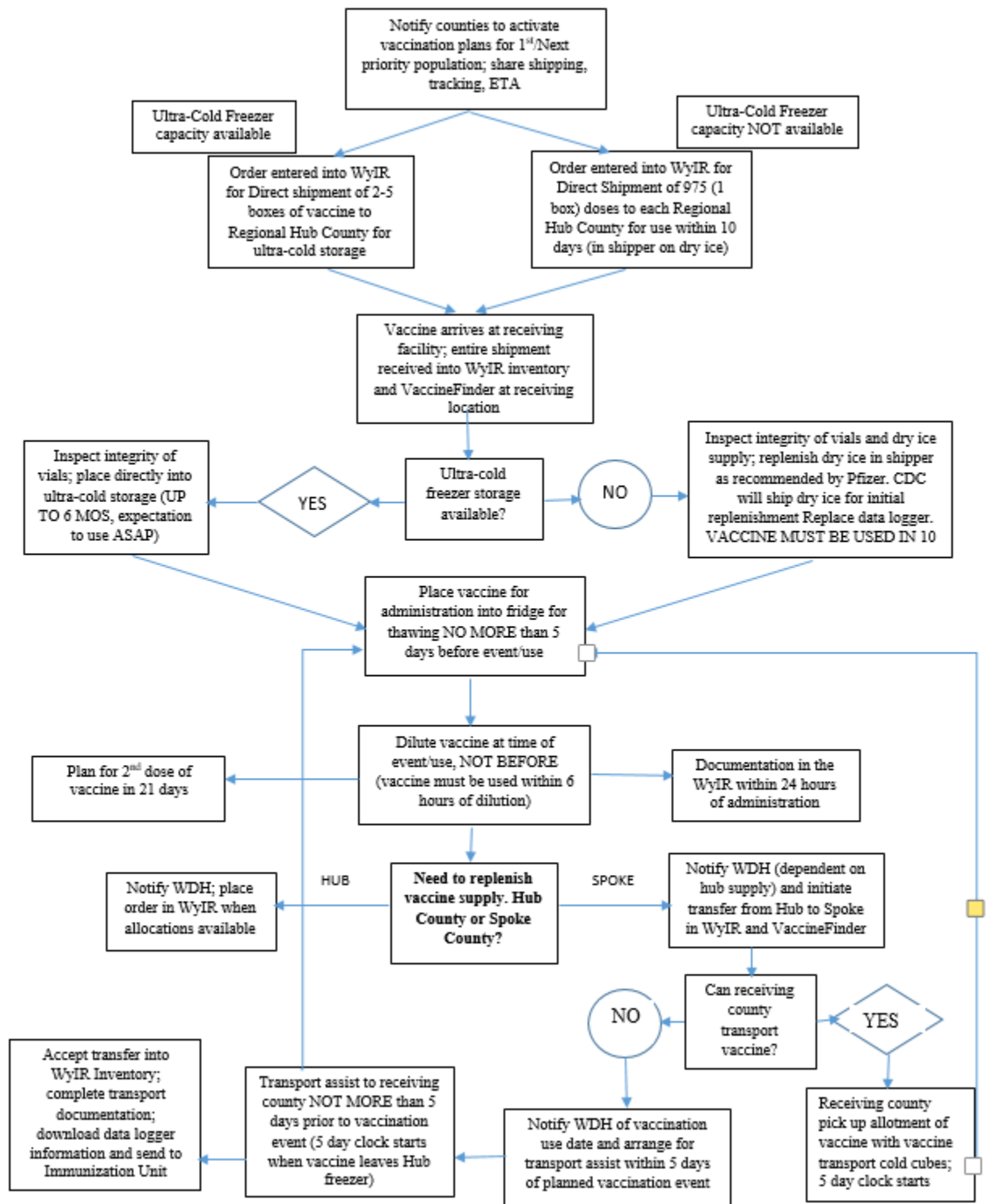


Chart 3: High Volume (10,000-20,000) COVID Vaccine Scenario Flowsheet **All vaccine movement between facilities must be approved by WDH and allocations transferred within the WyIR and reported in VaccineFinder. Only COVID-19 Enrolled Providers will be able to receive and administer COVID-19 vaccine.*



APPENDIX D: Wyoming Department of Health Crisis Emergency Risk Communication Plan- Attached separately